



DISCOVER YOUR STRENGTH. AWAKEN YOUR SPIRIT. **Sattva Therapy Yoga Therapy**

Diploma Program

1301 Lafayette Street, Fort Wayne IN

46802

Enrollment Form:

Agreement Date: _____ to _____

For Name of Student: _____

Has agreed to Pay in Full the amount of: _____

Make _____ installment Payments in the amount of:- _____

I certify that I am the holder of the credit card and will keep all information current and up to date and if my credit card is rejected for any reason I agree to a late fee of 10.00.

Signature: _____ Date: _____

Credit Card Number _____ EXP: _____ [CID: _____](#)

This tuition covers all fees into the Sattva yoga therapy program modules, practicum and internship. I understand there will be additional book fees, travel expense and room cost for the Raja Yoga Retreat and the elective courses I choose to participate in over the course of the training will be additional cost as well as group yoga classes and private sessions, and that the program is to be completed within 5 years of this enrollment.

Training is non refundable and not transferrable.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Refund Policy

Pranayoga Institute has a three(3) day cancellations policy. An applicant who provides a written notice of cancellation within (3) days excluding Saturday and Sunday and federal holiday of paying the initial deposit or tuition payment is entitled to a refund of all monies paid. No later than 30 days after receiving the notice of cancellation. Pranayoga Institute shall return all monies exception of the deposit.

After 3 days all monies are non-refundable and non transferrable.

I understand that I will be enrolled in the yoga therapy program and must complete the program within 3 years unless unforeseen circumstance should arrive. Written notice of these grievances must be sent to info@pranayogaschool.com.

I agree and understand these policies:

Sign_____ Date:

Printed Name:_____