

T.A.Y.S. Yoga Teacher Training
Accounting Department
202-6156 Quinpool Road
Halifax Nova Scotia
B3L 1A3

I am registering for TAYS Yoga Teacher training starting _____ .

I have paid my \$500 deposit.

I agree to have my credit card charged in the amount to \$ 437.75 on the 8 following dates:

October 15th _____
November 15th _____
December 15th _____
January 15th _____
February 15th _____
March 15th _____
April 15th _____
May 15th _____

I understand that if I choose to leave the Yoga Teacher Training program that the above amounts will still be charged to my credit card. _____ (please initial)

Date: _____

Credit card: _____

Name on Credit card: _____

Signed: _____

Expiry: _____

Name of participant (please print): _____

Address: _____

Phone: _____