



Radiant Health Yoga® Teacher Training with COCC Professional Development



Student Registration

Please complete the attached questionnaire and submit it with either your deposit or your full payment for the program.

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am aware of the registration/refund deadlines, the schedule, and the guidelines of the Yoga Teacher Training.

Signed: _____ Date: _____

Payment: Please provide us with your credit/debit card information or attach \$500 deposit and deliver this form in person to the COCC Continuing Education Office at 1027 NW Trenton, Bend, OR 97703. A \$500 deposit will hold your place in the program. Deposit is refundable until the registration deadline for the program. No refunds after the registration deadline.

For office use only	
YTT Calendar Year:	_____
Deposit Accepted:	_____
Full Payment Accepted:	_____
Student Info Form Rcvd:	_____

