MAIN STREET VEGAN Academy

Dine gently. Live wisely. Make a difference.

(212) 289-1808. www.mainstreetvegan.net

APPLICATION FOR ENROLLMENT

NAME (Official Name that you want on your graduation certificate):

_____

NAME THAT YOU WISH TO BE CALLED (If different from above):

_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL/TEXT: _____ EMAIL: _____

FOR WHICH DATES ARE YOU APPLYING? _____

IF NOT AVAILABLE, A SECOND CHOICE? _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO YOU: _____ HIS/HER HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

HOW DID YOU HEAR ABOUT MAIN ST. VEGAN ACADEMY?

_____

_____

DO YOU HAVE ANY FOOD ALLERGIES OR OTHER DIETARY RESTRICTIONS? _____
IF SO, PLEASE LIST:

_____

NOTE: We can eliminate from our menus all foods to which there are genuine allergies or medical contraindications for any student; we cannot accommodate other preferences.

DO YOU HAVE ANY HEALTH OR MOBILITY ISSUES THAT MIGHT PREVENT YOU FROM WALKING THROUGH NEW YORK CITY (SOMETIMES IN INCLEMENT WEATHER CONDITIONS) OR CLIMBING STEEP SUBWAY STAIRS? If so, please describe:

_____

HOW IS YOUR GENERAL HEALTH AND STAMINA? HOW DO YOU THINK YOU'LL HANDLE LONG DAYS THAT START EARLY IN THE MORNING?

_____

_____

DESCRIBE YOUR PERSONALITY (i.e., outgoing, reserved, strong-willed, shy. . .)

_____

_____

YOUR OCCUPATION: _____

EDUCATION: _____

LIST ANY TRAINING OR CERTIFICATIONS IN FOOD/HEALTH AREA:

_____

_____

PLEASE BRIEFLY DESCRIBE YOUR CURRENT DIET:

_____

_____

_____

WHAT MADE YOU INTERESTED IN THE VEGAN LIFESTYLE?

_____

_____

WHEN DID YOUR INTEREST START TO DEVELOP? _____

WHAT BOOKS, FILMS, CLASSES, OR EXPERIENCES HAVE BROUGHT YOU TO THIS POINT?

_____

_____

DO YOU SMOKE? _____

DO YOU EXERCISE REGULARLY? ____ WHAT KIND OF EXERCISE? _____

_____ I UNDERSTAND THAT MSV ACADEMY INVOLVES LONG CLASS DAYS & THAT I MAY NOT BE ABLE TO EXERCISE AS MUCH AS USUAL (Please initial)

WHY DO YOU WANT TO BECOME A MAIN STREET VEGAN LIFESTYLE COACH?

_____

_____

_____

_____

Please sign and remit this application only if you are serious about attending. Once you are accepted, your $395 nonrefundable deposit will hold your space in class. If you wish to pay the full amount in advance, you will receive a $100 discount on your tuition ($1495 instead of $1595).

By signing below I agree that Main Street Vegan Academy is not responsible for any loss or damage of personal goods which might occur in relation to the course, nor for any personal injury or death which might occur during or in relation to the program.

I certify that I have consulted my physician regarding the physical requirements of the MSV Academy course and regarding any dietary changes I plan to make in relation to the program. I understand that the course is purely informational and being a Main Street Vegan Academy Certified Vegan Lifestyle Coach does not make me a nutritionist or dietitian, and it does not qualify me to treat any illness.

Main Street Academy shall have no responsibility for any actions, programs, promotions, offers, advice, consulting or other activities or services that you may engage in following your participation in the Academy curriculum, and you acknowledge that all such activities and services are at you own risk and initiative. I also understand that portions of this course and its participants may be recorded and/or photographed; by signing below I allow Main Street Vegan the right to display these images publicly at their discretion.

Signature: _____ Date: _____