

The Yoga Leaf

Registration Form 2017

Name: _____

Address: _____

Preferred Phone #: _____ Email Address: _____

In case of cancellation you will be notified via email, unless otherwise stated:

Class, Day & Time: _____ Fee: \$ _____

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Total: \$ _____

Note: If you are signing up for two classes per week take 50% off the second class of lesser value (excludes the early bird rate!!!)

Prenatal students: What is your due date? _____

Please note any contraindications: _____

Please make checks out to 'The Yoga Leaf' and return to the below address!

'The Yoga Leaf' C/O Whimsy

686 Worcester Rd. (Rt.9),

Framingham, Ma 01702

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