

REGISTRATION

WE NEED TO KNOW...

Name _____
Address _____
City _____ ST _____ Zip _____
Phones (h) _____ (w) _____ (c) _____
Email address (please update to receive YFL e-news!)

CLASS REGISTRATION

Beginning Date _____
Day of Week _____ Time _____
2nd day (2x per week) _____ Time _____
If registered for Unlimited Classes, you will be welcomed in any class!
Classes you expect to attend regularly:
Days _____ Times _____

Amount Enclosed (see class schedule for costs):

\$ _____ Full fee
\$ _____ Deposit (minimum \$15)
\$ _____ Balance due

SPECIAL EVENTS REGISTRATION

Name of Event _____
Dates _____ thru _____
Amount Enclosed: \$ _____
Because space is limited, we honor registration in the order received and maintain a waiting list. NO refund after two weeks prior to event.

HOW DID YOU HEAR ABOUT US?

___ Charlotte Observer
___ Other newspaper or newsletter
___ Internet? Where _____
___ Brochure? Where _____
___ Friend
___ Other _____

Complete and return to the address
on the opposite side of this form.
Questions? Call 704-344-YOGA (9642)