

REGISTRATION
(return with payment)

NAME: _____

ADDRESS: _____

Phone: (W) _____ (H) _____ (C): _____

EMAIL: _____

Emergency Contact: _____ Phone: _____

Class Schedule:

- Monday: Yoga – 10:45 a.m.
- Monday: Yoga - 6:30 p.m.
- Wednesday: Yoga – 10:45 a.m.
- Thursday: Yoga - 6:30 p.m.
- Saturday: Yoga Pilates Fusion – 8:00 a.m.
- Saturday: Yin Yoga – 9:30 a.m.

\$75 for 8 weeks

10% DISCOUNT FOR 2 OR MORE CLASSES

ASK HOW YOU CAN EARN YOGA BUCKS!

Please bring mat, water bottle, towel or blanket.

As with any exercise program, please consult your physician before you begin. Please advise instructor of any limitations.

Signature: _____

Date: _____

To Register by:

Mail: Checks Payable to: Pat Vandermark, 60 Bitternut Lane,
Westerville, Ohio 43081

Phone: call: (614) 203-5372

E-Mail: Yoga4me@columbus.rr.com

Website: www.yogapilates4me.com

