

SayYesToYoga Registration Form:

**REGISTRATION FORM TO PRINT AND MAIL TO: SAY YES TO YOGA,
PO BOX 23, NORTH OXFORD, MA 01537**

NAME _____

ADDRESS _____

EMAIL _____ **TEL#** _____

MEDICAL CONDITIONS?? _____

CHECK OR MONEY ORDER _____

CREDIT CARD# _____

X/DATE _____ **SIGNATURE** _____

BILLING ADDRESS _____

Choose your Yoga Class/es here:

Mon _____ **Tue** _____ **Wed** _____

Thu _____ **Fri** _____ **Sat** _____ **Sun** _____

Gentle Tai Chi _____ **Tai Chi** _____

Pilates _____

Workshops _____

**ALL CLASSES ARE HELD AT THE STUDIO AT 121 MAIN STREET,
WEBSTER, MA 01570**