

Registration Form for Yoga Northwest Classes and Workshops

Name (please print) _____

___ I am new to YNW or new to the Dream Studio and would like to receive the Introductory Discount!

Address _____

City, State, Zip _____

Home Phone _____ Work/Cell Phone _____

E-Mail _____

Class or Workshop Time & Day Instructor	Total \$
1. _____	_____
2. _____	_____
3. _____	_____

Less New Student Discount: - \$ _____

Total Due: \$ _____

How did you hear about us:

Enclosed is the full amount of \$_____ or a \$20 non-refundable, non-transferable deposit for each class or workshop. You will not receive a confirmation. We will call you only if the class or workshop you are registering for is full. Please indicate a second choice in case first choice is full. Thanks!

Please mail the completed form along with check or credit card payment to:

YOGA NORTHWEST
P.O. BOX 4231
Bellingham, WA 98227



CREDIT CARD PAYMENT FORM

Office Use Only: In Book:

CREDIT CARD NUMBER _____ Total: \$ _____

CARD TYPE: (CIRCLE ONE) VISA MC AM EX DISCOVER EXP: _____ CARDHOLDER'S SIGNATURE _____