

SUN SALUTATIONS YOGA & WELLNESS CENTER

CLASS REGISTRATION FORM

Name: _____

Address: _____

Home Phone #: _____ Cell #: _____

E-mail: _____

First Choice Class or Workshop (please include time/start date): _____

Second Choice Class or Workshop (please include time/start date): _____

Form of Payment (circle one): Check - Credit Card - Cash (please do not mail) - Money Order - Gift Certificate
Amount Enclosed: \$ _____

Credit Card Information (if paying by this method):

Circle One: VISA - MASTERCARD - DISCOVER - AMERICAN EXPRESS

Card #: _____ Security Code # (last three digits on back of card): _____

Expiration Date: _____ Name that appears on card: _____

Were you eligible for any of our discounts? If so, did you already deduct this from the amount (please remember to bring required ID if a discount was used)?

Please mail or drop-off to:

**SUN SALUTATIONS YOGA & WELLNESS CENTER
332 CHICOPEE ROAD
BUXTON, MAINE 04093**