

Registration Form for Yoga Northwest Classes and Workshops

Name (please print) _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____ E-Mail _____

Class or Workshop

Time & Day

Instructor

1. _____

2. _____

3. _____

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 payment to:

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