

Class Registration

NAME _____

Address _____

City _____ STATE _____ Zip _____

PHONE _____ Email _____

Method of Payment: Check OR MONEY ORDER (MAKE PAYABLE TO PRAIRIELANDS CHIROPRACTIC CLINIC)

CASH VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NUMBER: _____ EXPIRATION DATE: _____ Code: _____

Baby & Me Yoga START DATE: _____ START TIME: _____ AM PM

Gentle Yoga START DATE: _____ START TIME: _____ AM PM

Kundalini Yoga START DATE: _____ START TIME: _____ AM PM

Pilates START DATE: _____ START TIME: _____ AM PM

Power Yoga START DATE: _____ START TIME: _____ AM PM

Pre-Natal Yoga START DATE: _____ START TIME: _____ AM PM

Tai Chi START DATE: _____ START TIME: _____ AM PM

Yoga Ball Express START DATE: _____ START TIME: _____ AM PM

Other _____ START DATE: _____ START TIME: _____ AM PM

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

AMOUNT RECEIVED: \$ _____

RECEIVED BY: _____

DATE RECEIVED: _____