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Registration Form

Contact Information:

Name: _____ Date: _____

Phone: (H) (_____) _____ (W) (_____) _____

Email Address: _____ Current/New Student (circle one)

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us? _____

I am registering for: (be specific - include times/dates/price):

Payment Total: \$ _____

Check Enclosed or Use my YCM Membership and deduct classes from my Class Pass

Charge My Credit Card - Card No: _____ Exp. Date: _____

I Understand that all packages are non-transferable and non-refundable.

Signature: _____ **Date:** _____