

Registration Form

Date _____

Name: _____

Address: _____

City, Zip: _____

Phone _____

E-mail _____

<input type="checkbox"/> Specific Class		
_____ Class Level	_____ Day/Time	_____ Teacher
<input type="checkbox"/> General Session		
<input type="checkbox"/> Workshop		
_____ Day	_____ Time	_____ Teacher

<input type="checkbox"/> Free Class _____
<input type="checkbox"/> Regular [\$221] _____
<input type="checkbox"/> Pro-rate [\$18/19x #weeks] _____
<input type="checkbox"/> Senior [less 10%] _____
<input type="checkbox"/> Twice Weekly [\$390] _____
<input type="checkbox"/> Unlimited [\$475 / \$180] _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____
cc # _____
Expiration date _____
Signature _____
_____ Amount Sent

Please call 410-560-2980
for mid session and summer rates.

Mail in registration form with payment in full to:

Greater Baltimore Yoga
 9628 Deereco Rd
 Timonium MD 21093