

The Yoga School Registration Form

To Register for a workshop, please fill out the form below with a check or money order payable to:

The Yoga School of Therapeutics

Attendee

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Workshop Information

Workshop Presenter: _____

Sessions Attending	Price
#1 _____	\$ _____
#2 _____	\$ _____
#3 _____	\$ _____
#4 _____	\$ _____
#5 _____	\$ _____
#6 _____	\$ _____

Total: _____

For questions or additional information please contact The Yoga Studio at (913) 492-9594.

The Yoga School of Therapeutics
10400 W.103rd Street Suite #14
Overland Park, KS 66214
www.TheYogaStudio.com