

Registration *(Please Print Clearly)*

Tel: 703.330.7799 Fax: 703.656.4842 Web: www.theyogaconnection.com



Name _____

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Please list each class/workshop:

Class 1 _____ Day _____ Time _____ Instructor _____ Fee _____

Class 2 _____ Day _____ Time _____ Instructor _____ Fee _____

Class 3 _____ Day _____ Time _____ Instructor _____ Fee _____

Workshop 1 _____ Day _____ Time _____ Instructor _____ Fee _____

Workshop 2 _____ Day _____ Time _____ Instructor _____ Fee _____

TOTAL DUE _____

Payment: MC/VISA Check Enclosed (*payable to TYC*) Mailing Address: 9217 Rainbow Falls Drive, Bristow, VA 20136

Card Number _____ - _____ - _____ - _____ Exp. Date _____ 3 Digit Security # _____

Signature _____ Date _____