

# The Yoga Connection

*Registration* Please Print Clearly

703.330.7799 [theyogaconnection@comcast.net](mailto:theyogaconnection@comcast.net) fax 703.656.4842

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/H \_\_\_\_\_ Phone W/C \_\_\_\_\_

email \_\_\_\_\_

Where did you hear about us?  Old Bridge  Manassas Observer  Internet  Bull Run Observer  
 Centre View  Walk-by  Other \_\_\_\_\_

Please List Each Class/Workshop

Class 1 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_ Fee \_\_\_\_\_

Class 2 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_ Fee \_\_\_\_\_

Class 3 \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_ Fee \_\_\_\_\_

Workshop \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_ Fee \_\_\_\_\_

Workshop \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_ Fee \_\_\_\_\_

Total Due \_\_\_\_\_

MC/VISA/Discover

Check Enclosed (Make checks payable to TYC.)

Mail to : 9126 Center St., Manassas, VA 20110

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Security # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_