

Print this form

Register for **Classes** and or **Workshops** by mailing this form to: **Yoga Seva**
Name: _____ **60F West Terra Cotta Ave.**
Phone: _____ **Crystal Lake, IL 60014**
E-mail _____

Workshop or Class: _____ Day & Time _____

Number of classes (if applicable) _____




Amount payable to **Yoga Seva**: \$ _____

Good for this session only

No Cash Refunds

12 Classes \$117 10 Classes \$105 8 Classes \$91 6 Classes \$72 drop-in fee \$14

**Please register early as some classes fill fast / receipt of payment holds your space /
you will be notified if the class is full / no cash refunds**

-  Make-up and drop-in classes subject to space availability **call ahead (815) 355-0010**
 -  Please register early to avoid disappointment
 -  Classes are subject to cancellation due to insufficient enrollment
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