



Registration

Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Emergency Contact (required): _____ Phone: _____

Do you (or your child) have any health conditions, injuries, or other individual needs that may affect your participation in class? Please explain.

How did you hear about us?

- Friend/Family
- Noticed Building/Sign
- Web/Social Media
- Neighborhood Flyer
- Newspaper/Magazine Ad
- DC Yoga Week
- Party at the Studio
- School Auction
- Referred by CY Teacher
- Referred by Physician/Therapist

Check here if you'd like to have staff follow up with you.

For Children Under Age 18: (required)

Child's Name: _____
 Child's Birthdate: / /

Class/Workshop Description	Day/Time	Fee
Are you a Circle Yoga Co-op member? Support the studio and member benefits for just \$20 a year! (to join, check box) <input type="checkbox"/>		
Total Due		

Payment type: VISA MC AMEX Discover
 Cash Check # _____ Gift Cert. # _____

- Refer to www.circleyoga.com for make-up, refund, and other policies.
- All returned checks will incur a \$20 fee.
- A limited number of scholarships are available. Applications online or at front desk.

For registrations with credit card by phone or mail:

Card Number: _____

Exp. Date: _____ Security Code: _____

Street #: _____ Zip Code: _____

Staff Use Only –

Payment Processed?

Date Processed: _____

Entered in YogaReg?

Staff Initials: _____