



# The Yoga Place

## Class Registration: Summer Session 2010

**Please read pricing carefully under Class Fees on the Yoga Place Website.**

Please type your information below. Then print one form for each class and for each person enrolling and send full payment with your registration form(s) to assure your place.

Checks should be made payable to The Yoga Place and sent to:

The Yoga Place  
444 Main Street, Suite 204  
La Crosse, WI 54601.

If you wish to drop off your registration when The Yoga Place is closed, please slip it under the door. We do not confirm registrations. We will contact you only if the class you request is full or canceled.

### **Summer Session 2010**

**8-Week Session from July 12 through September 4, 2010**

**Name**

**Address**

**E-mail**

Please provide your e-mail address. It will be used to announce new material on our website including workshops and new class schedules. **It will not be provided to third parties.**

**Phone (day)**

**(evening)**

**Day of class**

**Class Time**

**Class Level**

**Class Fee for this Class**

(Listed on the [session schedule](#) and the [fees & policies page](#) on The Yoga Place website.)

**Discount** (if applicable):

([Discount descriptions](#) are on The Yoga Place website.)

**Discount Reason:**

**Amount Enclosed for this Class:** \$

**Check Number:**

**I have read and agree to abide by the refund policy of The Yoga Place**

(Under "[Class Fees](#)" on The Yoga Place website.)

**Signature** \_\_\_\_\_

**How did you hear about The Yoga Place?**

If by an ad, please tell us which ad. If from a friend, please give your friend's name.