

Yoga Center of Lawrence Registration

Date _____ Name _____

E-mail: _____

Telephone: (H) _____ (W) _____

Address _____

City _____ State _____ Zip _____

- Enroll early—class sizes are limited. Pre-registration assures your place in class.
- Payment in full by cash or check is required for each enrollment.

Mail to:

Yoga Center of Lawrence
920 Massachusetts Suite 4
Lawrence, KS 66044

Teacher	Day & Time	Class Fee

Less multi-class discount – \$ _____

Total \$ _____

Check number: _____

920 Massachusetts Suite 4
Lawrence, KS 66044
(785) 830-YOGA (9642)
yogacenter@sunflower.com

