

Registration Form for Classes

(Register online at www.unitywoods.com.)

Check box if this is new or corrected contact information.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ Check here to receive monthly e-bulletins!

Please register me for the following Classes:

Location	Teacher	Level	Day	Time
----------	---------	-------	-----	------

--	--	--	--	--

--	--	--	--	--

Total Class Fees _____

(check one if applicable) Minus 10% Senior or Student or Military Discount _____

Cash Check # _____ Amount Enclosed _____

VISA OR MASTERCARD ACCEPTED. CARD # _____ EXP. DATE _____ SECURITY CODE _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE _____

Check here to agree to liability waiver. Read the waiver online or at the studio.

OFFICE USE ONLY

DATE RECEIVED _____

NOTES:

PLEASE NOTE:

- We do not confirm registrations. (We'll contact you only if the class you request is full.)
- We cannot accept fax registrations.

**Make checks payable to:
Unity Woods Yoga Center, LLC
4853 Cordell Avenue
Suite PH9
Bethesda, MD 20814-3036**