

sun & moon yogastudio

breathe. stretch. relax. repeat.

Please read the registration information below. One form per person

Name _____

By affixing my initials here, I declare myself to be responsible for my

Address _____

City _____ State _____

Phone (day) _____ (evening) _____

Email _____

How did you hear about Sun & Moon Studio? _____

Class	Day	Time	Start D

Visa MC Disc# _____

Signature _____

Please make payment to Sun & Moon for full amount. You may drop
Arlington students, mail to 3811 Lee Highway, Arlington VA 22207 Fax
Fairfax students, mail to 9998 Main St., Fairfax, VA 22031 Fax: 703-934
Rappahannock students, mail to P.O. Box 348, Sperryville, VA 22740 F

Office Use: Cash Reg. CC Proc. Reg. Book Circle: V/MC/Disc/
Date rec'd _____

Circle Session:
Winter / Spring / Summer / Fall

Year: 200_____

I please,

_____ Date _____/_____/_____

own health and safety while participating in class:

_____ Zip _____

ate	Teacher	Location	Cost
		<input type="checkbox"/> Arlington <input type="checkbox"/> Fairfax <input type="checkbox"/> Rappahannock	
		<input type="checkbox"/> Arlington <input type="checkbox"/> Fairfax <input type="checkbox"/> Rappahannock	

Exp. Date _____/_____/_____

\$10 Discount

- Senior (60 years or older)
- Multiple Classes

_____ **TOTAL DUE** \$_____

off, fax or mail to:

703-525-5524

-9481

fax: 703-934-9481

CA/CK# _____

PR_____GC\$_____INI_____

Database by _____