

YOGA FOR WELLNESS

Yoga Registration Form

Name: _____

Name of Child (if applicable): 1. _____ 2. _____ 3. _____

Address: _____

Phone: _____

Email: _____

Class(es) registering for:

Cost of each:

1. _____

2. _____

3. _____

4. _____

Total: \$ _____

Please make checks payable to: Yoga for Wellness, and mail to:

**Adrian Kettering
Body in Balance
3484 University Avenue
Morgantown, WV 26505**

Questions?

Contact Adrian 304.685.7192 or adrian@yogaforwellness.org
or visit www.yogaforwellness.org