

POST-NATAL YOGA :: PRE-REGISTRATION REQUIRED. Mail check for \$80 with this form to Sangha Yoga

Name(s) _____

Contact # _____ Email _____

Please write class dates, the number of attendees, and total payment enclosed:

PreNatal Yoga Class Dates _____ # of participants _____ (X) \$80 = \$ _____



Mall Plaza :: 157 S. Kalamazoo Mall, Suite 140 :: Kalamazoo MI 49007 :: (269) 910-0162 :: www.sanghayoga.com