



Good Life Yoga Class Registration

Date _____

Name _____ Address _____

Email address _____ Best Contact Phone Numbers, Home/Cell/Business _____

I am registering for the following 6 week sessions. By registering for classes I agree to the policies and procedures for such and agree to sign the liability release for Good Life Yoga. Please arrive 10 minutes early for your first class in order to fill out new student form. You will be notified only if a class is already filled.

Session Dates: _____

Class	Day	Time	Teacher	\$96.00
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Class	Day	Time	Teacher	*\$80.00
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Workshop	Day	Time	Teacher	\$
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*Price for add'l classes within the same session.

Monthly Pass: \$150.00 _____ 4 Class Intro Pass (new student only) \$60.00 _____

Keep this section for your records.

Please make check payable to:
Good Life Yoga 18285-F Minnetonka Blvd. Deephaven, MN 55391.
Additional questions? 952 913 6557

Make up policy: You may make up 2 classes by the end of the 6 week session in which you are enrolled. Please advise teacher that you are dropping in for a make up.

Classes are non-transferable. Carry over of classes not allowed.

You are registered for: _____