

HEART AND SCIENCE OF THE BODY SATURDAY YOGA WORKSHOPS REGISTRATION*

*please mail or email form & payment to reserve your space

Saturdays 2:30-5:30pm, \$40 each or \$145 for all four

___September 10th **Feet, Ankles and Knees**

___September 17th **Hips and Pelvis**

___September 24th **Spine**

___October 1st **Shoulders and Neck**



Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

How did you hear about Motion Center? _____

Please list any injuries or health conditions you have had in the past 5 years:

I understand that I am registering for the Yoga Workshops checked above, and that full payment is required to reserve a space.

I have noted any injuries or health conditions I have, and have read and understand the Payment Policies.

signature

date

PAYMENT POLICIES:

Withdrawl 2 weeks prior to workshop: full refund

Withdrawl 1 week before workshop: \$10 refund

Withdrawl less than one week before workshop: no refund

GENERAL INFORMATION:

Please inform your teacher of any current/chronic injuries or health conditions so that she may safely modify the class for you. Please take the time to listen to your body, and never force yourself beyond your limits. Questions on how to adapt the practice to your interests and body are always welcomed by your teacher.