

GREEN TARA YOGA & HEALING ARTS REGISTRATION FORM

Please send this form and make checks payable to: Green Tara Yoga and Healing Arts, 1488 Maple Road, Cleveland Heights, OH 44121-1728

Name _____ Phone _____

Address _____ Email _____

City, State, Zip _____

Please list the class(es) you wish to take, indicating the day, date and time of the class.

CLASS	DAY	DATE	TIME	FEE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total enclosed _____