

Registration Form: Yoga for Healing Classes/Workshops

Name: _____

Email: _____

Phone Number: _____

Class/Workshop Name and Dates:

Payment (check one): Check _____ Credit Card _____ (fill out below)

CREDIT CARD INFORMATION

I authorize Yoga for Healing, PLLC. to charge this account for service above

TYPE OF CARD: VISA MASTERCARD DEBIT

Account Number:

EXP. DATE: _____ SECURITY CODE _____

BILLING ADDRESS: _____

BILLING ZIP CODE: _____

Name of card holder:

_____ Signature: _____

**Mail to Yoga for Healing, PLLC. 967 E. Parkcenter Blvd, Ste 260, Boise, ID, 83706 OR
Fax to 208.246.5353 OR scan/email to Tanya@yogahealingpro.com.**

You will receive an email confirming your payment/registration for the class/workshop upon receipt. Payment does not ensure your space. Please make sure to add Tanya@yogahealingpro.com to your contacts list on your email to ensure you receive my correspondence. Questions call 208-629-6615.