

DISCOVERY YOGA REGISTRATION FORM

Please email your completed form as an attachment to info@discoveryyoga.com. You may call (904) 824-7454 to register by phone or mail this form with your payment to Discovery Yoga Inc, 310 Boating Club Rd, St Augustine, FL 32084.

Your Name _____ a

Address _____ a

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

Cell-phone _____ email _____

Occupation, vocation or profession: _____

Female Male Birthday: _____ (We do not discriminate on the basis of sex or age.)

How did you find out about us? _____

Please list workshops you plan to attend:

_____ Dates: _____ Tuition: _____

_____ Dates: _____ Tuition: _____

_____ Dates: _____ Tuition: _____

TOTAL: \$ _____

Please pay through Zelle, Venmo or Paypal, payable to devagenie@bellsouth.net or info@discoveryyoga.com.

Cancellation Policy: Refunds issued less than a month before the program begins will be charged a 10% cancellation fee.

Number of years practicing yoga _____

Are you a yoga teacher? Yes No Yoga Alliance registered? Yes No

Style or Tradition: _____

Describe your present state of health: _____

Please list any physical or mental conditions that your instructor should be aware of. (Use back of page if necessary.)

Emergency Contact: _____

Relationship: _____ Phone: _____

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Discovery Yoga Inc. or my instructor liable for any mishaps arising from my participation in yoga class.

Signature _____ Date _____