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**To Register:** Please return this form with check payable to the CLASS INSTRUCTOR to:

(Instructor's name)  
Center for Yoga  
1780 E. Grand River Ave.  
East Lansing, MI 48823

Tel. (517) 333-9883

Class, Day & Time \_\_\_\_\_ Instructor \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Add me to the electronic mailing list.

\_\_\_\_\_ I don't have e-mail. Add me to the mailing list.