

FALL YOGA registration form
Shaganappi Fall 2010

Name: _____

Phone: _____ Cell Phone : _____

Email: _____

Payment* enclosed (circle choice): cash cheque # _____

- Complete, mail, or deliver with payment to 35 Westview Dr SW Calgary AB T3C 2R8 to reserve your spot!
- Make cheques payable to Lonnie L. DeSorcy.

Cheque date will be considered in the case of limited space. Please note that that registration fee is not refundable except in the case of certain unavoidable medical concerns, at the discretion of the class facilitator.