



**RECEIPT**  
**Sun Moon Yoga**

<b>Name:</b>		
<b>Date</b>	<b>Name of Class or Workshop</b>	<b>Amount</b>
<b>Total:</b>		
<b>Payment Method</b>		
<input type="checkbox"/> <b>Cash</b>		
<input type="checkbox"/> <b>Check Ck #</b> _____		
<b>Signed:</b>		
_____		
<b>Class Instructor</b>		
Sun Moon Yoga   635 South Front Street   Mankato, MN 56001 507.387.6600   www.sunmoonyogastudios.com   sunmoon@hickorytech.net		



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