

SUN MOON YOGA REGISTRATION FORM

Mail to: Sun Moon Yoga, 635 South Front Street, Mankato, MN 56001

Phone: 507.387.6600

Name: _____ Address/City/Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name & Phone: _____

Class Title: _____ Class Day & Time: _____

Class Title: _____ Class Day & Time: _____

Alternate Class: _____ Alternate Session #: _____

Amount Paid: _____ Check #: _____

I understand the activity I am planning to undertake is completely voluntary. I hereby waive Sun Moon Yoga, its employees and instructors of any liability in case of an accident. I also agree to follow all policies and rules set forth by Sun Moon Yoga.

Signature: _____ Date: _____

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