



RECEIPT
Sun Moon Yoga

Name:		
Date	Name of Class or Workshop	Amount
Total:		
Payment Method		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check Ck # _____		
Signed:		

Class Instructor		
Sun Moon Yoga 635 South Front Street Mankato, MN 56001 507.387.6600 www.sunmoonyogastudios.com sunmoon@hickorytech.net		



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