



## Registration Form

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Today's Date: \_\_\_\_\_

CLASS(es) OR WORKSHOP DAY & TIME: \_\_\_\_\_

Title of WORKSHOP OR CLASS(es): \_\_\_\_\_

One class per week for six weeks (\$72) Start Date: \_\_\_\_\_

Two classes per week for six weeks (\$132) Start Date: \_\_\_\_\_

Unlimited Classes: \$150 for 6 weeks Start Date: \_\_\_\_\_

Workshop Fee: \_\_\_\_\_

Please make checks payable to:  
**Auburn Yoga & Pilates Center**  
**889 Southbridge St.**  
**Auburn, MA 01501**