

YOGA SHALA KIDS & TEENS WORKSHOP REGISTRATION FORM



DATE: _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____

CHILD'S NAME: _____ AGE: _____

**PLEASE FILL OUT ON FORM THE FOLLOWING WORKSHOP INFORMATION
FOR YOUR CHILD:**

THE NAME of the WORKSHOP: _____

THE DATE OF THE WORKSHOP: _____

THE PAYMENT AMOUNT: \$ _____ (we accept cash, checks, Visa & MasterCard)

Please mail or drop-off Registration Form with Payment to:

Yoga Shala Kids & Teens, NFP

506 Spring Road

Elmhurst, IL 60126

www.yogashalakids.org 630-993-9642