



Registration Form

Your name: _____

Mailing Address: _____

Email Address: _____

Phone number/s: _____

I am registering for:

- Sadhana - Practices for Conscious, Centered Living** *(2/6-4/9/12)*
- Monthly Meditation Study** *(4th Saturdays - please indicate which ones)*
- Bellydance Wednesdays!** *(6:30pm Wednesdays - please commit to a number of weeks)*

Additional Feedback ...

- I'm interested in and/or have questions about the following.....
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