

# YOGAMOTION WORKSHOP REGISTRATION

One per person, please

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

(cell) \_\_\_\_\_ e-mail: \_\_\_\_\_

How did you find us?  repeat guest  poster  direct mail  web search  
 friend (name) \_\_\_\_\_

Name/Location of Workshop \_\_\_\_\_

Dates: \_\_\_\_\_ Fee: \_\_\_\_\_

Check amount \$ \_\_\_\_\_ Make checks payable to YogaMotion

Visa/MC Amount \$ \_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip code \_\_\_\_\_

Card no. \_\_\_\_\_ U-Code \_\_\_\_\_

Mail your registration to  
YogaMotion  
111 S. Grand Suite 285  
Bozeman, Montana 59715  
406.585.9600  
nancyruby@yogamotion.com  
or  
submit to workshop local sponsor: