



Y o g a C e n t e r

Please send registration early by mail to reserve a space in the class(es) of your choice, and send check to:

Open Sky Yoga Center
7 Arnold Park
Rochester, NY 14607

Name _____

Address _____

Phone _____ Occupation _____

E-mail _____

Day/Time of Classes and Seminars _____

Visa MasterCard Name on card _____

Credit card number _____

Exp. date _____ Verification Code (three-digit number on back of card) _____

Enclosed is my check for \$ _____, payable to Open Sky Yoga.