



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**  
**19 Birch Crescent**  
**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.