



**REGISTRATION FORM**  
**January – June 2012 PROGRAM**  
**200 HOUR YOGA TEACHER CERTIFICATION**

**NAME:**

**ADDRESS:**

**CITY/STATE/ZIPCODE:**

**TELEPHONE:**

**CELL:**

**\*EMAIL:**

How did you hear about the school? \_\_\_\_\_

Did someone refer you to the school? \_\_\_\_\_

Deposit \$600.00:      BY CHECK \_\_\_\_\_ BY CREDIT CARD \_\_\_\_\_

MC/VISA/DISCOVER # \_\_\_\_\_

Exp Date: \_\_\_\_\_ Signature \_\_\_\_\_

How long have you been practicing yoga? Which types?

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in this training? What do you hope to get out of it?

\_\_\_\_\_  
\_\_\_\_\_

**\*Email confirmation will be sent upon receipt of registration form**

**SEND FORM TO:**

B Yoga Center  
537 Main Street  
Melrose, MA 02176

781-475-2520

info@byogacenter.com  
www.byogacenter.com