

Registration Form
Moments of Tranquility Classes

Name: _____ Date of Birth: _____

Address: _____ City _____ Zip _____

Phone number: (home) _____ (cell) _____

Email: _____

Best way/number to contact if class needs to be cancelled: _____

Child's name (if applicable): _____

Child's birth date (or due date): _____ Child's Gender: _____

Class you are currently enrolled in:

- Baby Yogi (6 wks to 18mo)*
- Little Yogi (12 mo to 3yrs)*
- Adult Yoga*
- Prenatal Yoga*
- Pilates*
- Pi-Yo*
- Meditation*
- Infant Massage*

*The prices vary.

Health conditions (if any): _____

SUGGESTIONS:
(We value your opinion)
