



Register for Class by Mail and Reserve your Spot!

Name _____

Phone _____

Address _____

Class _____

City, State _____

Location _____

Email (if preferred) _____

Day/Time _____

Checks should be made payable to:

Lakes Area Yoga Association

P.O. Box 101

Brainerd, MN 56401

Studio Phone 218-829-7029

www.lakesareayoga.org