



Class Registration Form

I would like to register for the following class/es:

Class Name: _____

Day & Time: _____

Amount Enclosed: \$ _____

My name: _____

My email address: _____

My mailing address: _____

My phone number: _____

Please make check(s) payable to LAYA, and mail to:

LAYA
PO Box 101
Brainerd, MN 56401

For more information, please contact LAYA:

laya@lakesareayoga.org

www.lakesareayoga.org

218 829 7029