



Open Sky

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 _____ Expiration date _____

Enclosed is my check for \$ _____, payable to Open Sky Yoga.

Please bill my Visa MasterCard