

Prenatal Yoga

Registration

Name: _____

Address: _____

Phone: _____ **Email:** _____

Emergency Contact: _____

SPECIAL CONCERNS:

Have you ever had any serious injuries (e.g. broken bones) or surgery? If YES, please describe injury and when it happened.

Is student currently taking any medication? If YES, please list medication(s).

TUITION: \$180 .00 for ten session program

Please make check payable to: **Jennifer Brilliant**

Mail to: Jennifer Brilliant
732A Carroll Street
Brooklyn, NY 11215

TUITION REFUNDS:

Cancellations before 10/6/07 @100%; Cancellations before 10/13/07 @ 50%; No refunds after 10/20/07.