

**Registration Form**

Child's Name: \_\_\_\_\_ Child's Age \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address with zip code, please: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Class Requested: \_\_\_\_\_ Start date: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_ or MC/VISA # \_\_\_\_\_

**Please make checks payable to Camarillo Yoga Center.  
Please do not email credit card numbers.**

**Mail or bring your registration form and check to:  
Camarillo Yoga Center  
5800 Santa Rosa Rd. #127  
Camarillo, CA 93012**

***Classes are non-refundable. A transferrable credit will be issued for medical issues.***