

REGISTRATION FORM
Laurie Blakeney Workshop 2017

Name : _____

Address: _____

Phone: _____

e-mail: _____

Entire Workshop: \$390
or
Individual Classes (please mark below)

ASANA

Basic:

___ Tue AM 4/25
___ Tue PM 4/25
___ Thur AM 4/27
___ Thur PM 4/27
___ Fri AM 4/28
___ Sat AM 4/29
___ Sun AM 4/30

Intermediate:

___ Tue PM 4/25
___ Wed AM 4/26
___ Thur PM 4/27
___ Fri PM 4/28
___ Sat PM 4/29

PRANAYAMA

___ Fri AM 4/28
___ Sat AM 4/29
___ Sun AM 4/30

SUTRA & ASANA

___ Wed PM 4/26

RESTORATIVE

___ Sun PM 4/30

AMOUNT ENCLOSED \$ _____

Please make check payable to:
Iyengar Yoga Honolulu

Mail with registration form to:
2752 Woodlawn Drive, Suite 5-203
Honolulu, HI 96822