



WITH JENNY MIRMELSTEIN

6-week Yoga Series Registration Form

April 20, 27; May 4, 11, 18, 25

6:30 - 7:45 PM

\$110

Vincent Crotty Memorial Foundation Building (Formerly VFW of Suffern)
16 Ramapo Avenue, Suffern

Name: _____

Address: _____

Cell Phone Number: _____

Email: _____

Date of Birth: _____

Have you ever practiced yoga before? Yes No (If yes, where/how long?)

Do you have any injuries? Yes No (if yes, please explain)

**Email address and cell phone will only be used to contact you with information related to the class (new classes, cancellations, etc)*

**Mail completed form and check for \$110 to:
Jenny Mirmelstein, 533 Kensico Ct., Suffern, NY 10901**