



-Workshop Registration Form-

Date: _____

Name (printed): _____

Contact Number(s): _____

Mailing Address: _____

Requested Workshop(s): _____

For pre-registration, please submit this form via email, regular mail, or drop-off to East West Yoga with a cheque for \$40 (payable to the key workshop practitioner listed in the community calendar). Please Note: Minimum pre-registration of 6 people is required per workshop.



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OF MEDICINE & SPIRITUALITY