

CHECK SESSION:

- WINTER Session: January 3—March 27
  - SPRING Session: March 28—June 19
  - SUMMER Session: June 20—September 25
  - FALL Session: Sunday 26—December 18
- (see reverse side for scheduled closings)



Studio Registration Form — join ANYTIME — rates will be pro rated

Name: (Print) \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_ Date: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_ Signature: \_\_\_\_\_

Circle payment option	"Auto-Pay" Monthly Payment Amount: credit /debit card only		Per 3-month Session (12 weeks): via check or credit card	
<i>Single class</i> per week (\$13.00 /class)	<b>\$52</b>		<b>\$156</b>	
<i>Unlimited classes</i> per week	<b>\$99</b>		<b>\$297</b>	
<i>Single drop-in class</i>				
Adults (\$15.00 per class)	<i>CASH</i>	<i>CHECK</i>	<i>CREDIT CARD: VISA MasterCard</i>	
Students (with ID) (\$10.00 per class)				

Credit Card One Time Charge Authorization (*confidential*)  
I hereby authorize Hollis YOGA, LLC to charge my below credit card —one time, in the amount of \$ \_\_\_\_\_

Credit Card "Auto-Pay" Monthly Payment Amount Authorization (*confidential*)  
I hereby authorize Hollis YOGA, LLC to charge my below credit card —monthly, in the amount \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CW2 Security Code (Visa): \_\_\_\_\_ CVC2 Security Code (MasterCard): \_\_\_\_\_ Credit Card Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Doris (Beginner Yoga) 5:00 – 6:15pm	Liz (Pilates) 1:00 – 2:00pm	Sallie (Zumba) 9:30 – 10:30am	Doris (Warm Yoga) 7:00 – 8:30pm	Paula (Beginner Yoga) 6:00 – 7:30pm	Anjali (Moderate Yoga) 9:00 – 10:30am	Workshops
Paula (Energetic Yoga) 6:45 – 8:00pm	Hanna (Moderate Yoga) 7:00 – 8:30pm	Doris (Moderate Yoga) 6:00 – 7:30pm			Sallie (Zumba) 11:30 – 12:30pm	

In consideration of the opportunity to avail myself of the facilities and services of Hollis YOGA, LLC (hereafter the Studio). I hereby hold harmless the Studio, its agents and employees. I assume all risk for the term of my involvement with the Studio and relation to its activities including but not limited to personal injury, property damage or loss. I hereby release and discharge the Studio and any of its agents, employees or representatives from any and all liabilities, actions, causes of action, debts, claims and demands whatsoever kind and nature which may arise out of or in connection with participation in the Studio or participation in any activities incident thereto. This assumption of risk and release of liability shall bind me, my heirs, and personal representatives. I understand and will uphold all of the policies and procedures at the Studio and do hereby join in the execution of this document and agree to be bound by all the terms and conditions thereof.