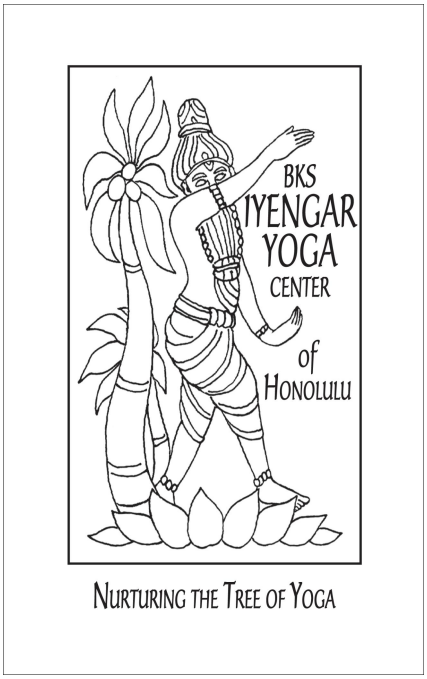
BKS Iyengar Yoga Center of Honolulu



Yoga for Stress Relief Clinic– Registration Form

Please print clearly.

Name _____ _____
First Last

Address _____ City_____ State_____ Zip_____

Phone _____Day _____Eve _____Cell

Email address _____ Gender _____M _____F Age _____

***Mail completed form and check for $60 to*:**

BKS Iyengar Yoga Center of Honolulu
2752 Woodlawn Drive, Suite 5-203
Honolulu, Hawaii 96822.

You will be contacted upon receipt of your application.
Thank you.