

WHITE TANTRIC YOGA LOS ANGELES REGISTRATION FORM

Name (Legal/Spiritual) _____

Additional Registrant(s), if any _____

Street Address _____

City/State/Zip _____

Day Phone # _____ E-mail _____

Payment Amount \$ _____ Check Cash Money Order Visa or M/C

Credit Card # _____ Exp. Date _____

Signature _____

Please make checks
payable to:
WHITE TANTRIC YOGA

Mail form & payment to:
WHITE TANTRIC YOGA
PO Box 35657
Los Angeles, CA 90035
or fax to:
310.275.2923

For additional info:
310.270.1947
WhiteTantricYogaLA@Gmail.com
www.WhiteTantricYogaLA.com

Office Use Only -	Date Rec'd: _____	Check #: _____	CC Proc. Date: _____
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