

WHITE TANTRIC YOGA PRE-REGISTRATION FORM

Please make checks payable to:  
WHITE TANTRIC YOGA

Your Name (include spiritual name) \_\_\_\_\_

Please mail payment to:  
WHITE TANTRIC YOGA  
PO Box 35657

Name of person registering w/you (if applicable) \_\_\_\_\_

Los Angeles, CA 90035

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

or fax to:

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

~~310.275.2923~~

Payment Amount: Check \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Money Order \$ \_\_\_\_\_ Visa/MC \$ \_\_\_\_\_

For additional info

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

310.270.1947

Signature \_\_\_\_\_

WhiteTantricYogaLA@Gmail.com

www.WhiteTantricYogaLA.com

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