



yoga me fit

INTEGRATING RADIANT HEALTH

STUDIO REGISTRATION FORM

Name _____ (please print)

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email Address _____

Amount Enclosed _____

Payment can be made by cash or check. Please make checks payable to Yoga Me Fit, LLC. Please drop off payment or mail to 7208 Hodgson Memorial Drive Savannah, GA. 31406. If sending payment via mail, please be sure it is sent before your start date to insure your space is reserved.

Refund Policy: A full refund less a \$15 administration fee will be issued on any class card that has not been activated. Proof of purchase is required. No refunds on any class cards that have commenced being used. Class cards may be transferred with studio preauthorization only. Expired class cards may not be extended.

Missed classes: If you are pre-signing in to classes to reserve your space via email or telephone and miss in excess of 3 classes without 24 hours notification to the studio, the pre-sign in privilege may be revoked at the discretion of the studio.

I have read the above policies and agree to the terms:

Print Name: _____

Sign: _____

Date: _____