



Personal Information Form

1. Name _____ Birth Date ___/___/___

Address _____

City _____ State _____ Zip _____

Home # (____) _____ Cell # (____) _____

Work # (____) _____ E-Mail _____

Occupation / Employer _____

2. How did you hear about us? *(Your info helps us direct our marketing expenses ... Please note all that apply)*

- Referral (who should we thank?): _____
- Website (which one?): _____
- Newspaper or Magazine (which one?): _____
- Flyer/Brochure (Where?): _____
- Other? (Please describe): _____

3. Do you have any medical conditions, injuries (recent or chronic), or previous surgeries that may effect your physical or mental performance? Are you currently pregnant? Please list medical conditions and associated medications, etc., even if you think that they may not relate to Yoga, Pilates and Fitness Services/classes that we provide. Include additional info on the back of this sheet, as necessary. Please write N/A. If you have no medical conditions.

4. ___ (Check) I would like to occasionally receive information regarding: Schedules, new Classes, Special Workshops, etc.

5. In attending Yoga for Good classes, what is important to you?...Please check all that apply:

___ Increasing Flexibility ___ Stress Reduction ___ Fitness/Toning ___ Personal Growth

___ Scheduling ___ Recuperation from an Injury/Illness (Please describe)

___ Other (Please describe): _____

6. There are no refunds or extensions for individual classes and/or class series, unless accompanied by a letter from your physician stating medical necessity. When purchasing a class series, please note expiration date.

I have read understood and provided accurate information and agree to the above items (1 through 6).

Date: ___/___/___

Signature (required to participate): _____