

Ernest Choi & Dianne Kadonaga

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P. O. Box 208, Worthington, Ohio, 43085

\* Yoga \* T'ai Chi \* Pilates \* Ballroom Dance \*

### Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Ph (\_\_\_\_\_) \_\_\_\_\_ Work Ph (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Arjuna Class Schedule/information is sent 4 times a year by email only. Provide us your email address if you would like these updates: \_\_\_\_\_

**How did you find out about us?**  Yellow pages  Referral (who?) \_\_\_\_\_  
 Internet  Brochure  Newspaper  Other \_\_\_\_\_

**Please indicate your choice(s) below:**

Code: \_\_\_\_\_ Class or Workshop: \_\_\_\_\_  
Dates \_\_\_\_\_ Cost \_\_\_\_\_

Open Class Pass:  Drop-in \$11 / \$12  4-class pass \$40 / \$42  8-class pass \$72 / \$76  
 12-class pass \$96 / \$102  20-class pass \$140 / \$150  30-class pass \$180 / \$195

\* Discounted rates for members of Center for Wholeness

Gift Certificate: To: \_\_\_\_\_ From: \_\_\_\_\_  
Amount/For: \_\_\_\_\_  
Mail Gift Certificate to: \_\_\_\_\_

**Method of Payment**

**TOTAL \$** \_\_\_\_\_

Cash  Check (made payable to *Arjuna Movement Arts*) check# \_\_\_\_\_  
 Visa  Mastercard  Discover  
 Gift Certificate (enclose with registration)  Coupon (enclose with registration)

Card No. \_\_\_\_\_ Expiry date \_\_\_\_\_  
Name as it is on card \_\_\_\_\_ Signature \_\_\_\_\_

**Send completed Registration Form with payment:**

**Mail to:** Arjuna Movement Arts, P. O. Box 208, Worthington, Ohio, 43085-0208.

**Phone to:** (614) 841-5396. You can leave your information on our secured voicemail.

**Thank-you!** You will receive confirmation with information on directions, what to wear, etc. .