

## HOUSE YOGA CLASS REGISTRATION FORM

Name:

Harvard ID:

Address:

Telephone #:

E-mail Address:

Undergraduate     Graduate     Faculty/Staff     Other

### **\$8 PAYMENT BY CREDIT CARD OR TERM BILL?**

#### **MASTERCARD OR VISA INFORMATION**

Credit Card #:

Exp. Date:     VIN:

Signature:

(if sent by email, type "See email for signature")

**TERM BILL**

Signature:

(if sent by email, type "See email for signature")