

Circus Yoga Camp Registration Form

Moving Spirit, LLC

Thank you for registering for Circus Yoga Camp! A 10% family discount applies for 2 or more siblings. Checks payable to Moving Spirit. Please print this form and mail it to the studio with payment by June 27th.

Moving Spirit, LLC
32 Daniel Webster Highway
Merrimack, NH 03054
603-886-7308
www.movingspurityogadance.com

Please circle the week(s) that your child(ren) will be attending Circus Yoga Camp:

DATE	TIME	AGE	COST
July 7 th - July 11 th	11am-3pm	4-8 yrs	\$150
July 28 th - Aug 1 st	11am-3pm	8-12 yrs	\$150
Aug 18 th - Aug 22 nd	11am-3pm	4-8 yrs	\$150

~Please pack a bag lunch!~

Childs First Name _____ Childs Last Name _____

Childs First Name) _____ Childs Last Name _____

Parent/Guardian First Name _____ Parent/Guardian Last Name _____

Street Address _____ Unit _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work _____

At what number can you be reached while your child is here? _____

E-mail: _____
 To receive Moving Spirit newsletters, special offers, communication from office only. Email address will not be shared.

How did you hear about us? Please circle:
 Word of mouth Website Internet search Newspaper /magazine Sign Yellow pages Other:

Health Considerations/ Medications? Describe: _____

Please inform the instructors prior to camp of any physical, mental, or emotional conditions that may affect your child's yoga/ dance practice (ie, allergies, anxiety, injuries, depression).
