

WHITE TANTRIC YOGA® REGISTRATION/RELEASE FORM OTTAWA, CANADA

SATURDAY SEPTEMBER 21, 2019

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Signature _____ DATE: / / (day/month/year)

Last name First name

Spiritual name

Mailing address

City State/Province

Country Zip/Postal code

Phone

Email

Amount paid School name (for full time students) _____

Are you currently on the mail and e-mail lists for information about White Tantric Yoga and other teachings of Yogi Bhajan? Yes ___ No ___

If no, can we add your name? Yes ___ No ___

You may receive 3HO community news, Kundalini Yoga Exercises & Meditations, Prosperity Technology, information on Women's Health and Consciousness, Sikh Dharma lifestyle, information about White Tantric Yoga® and special offers.