



The Bermuda Health Co-op
Nurturing the development of the Human Experience

PILATES • YOGA • FELDENKRAIS® • BETTER BIRTH • GYROTONIC • KMI • HOMEOPATHY

CLASS REGISTRATION FORM

SPRING 2009: APRIL 6th – JUNE 27th, 2009

VENUE

Mind Body Wellness

Health Co-op

Spirit House

Aquarium

Class Offerings

Power Pilates
MONDAYS @ 1PM

Pilates Fundamentals
WEDNESDAYS @ 1PM

Power Yoga
FRIDAYS @ 1PM

Feldenkrais® ATM
MONDAYS @ 7:30PM

Gentle Hatha Yoga
TUESDAYS @ 12PM

Pilates Mat
TUESDAYS @ 6:00PM

Pilates Mat
WEDNESDAYS @ 6:30PM

Surya Numaskara*
SATURDAYS @ 8AM (1 ½ hrs)

Prenatal Foundation*
TUESDAYS @ 6:30PM (1½ hrs)

Prenatal Yoga
WEDNESDAYS @ 6:30PM

Feldenkrais® ATM
SATURDAYS @ 11AM

Pilates Mat
SATURDAYS @ 9:30AM

Intermediate Yoga*
MONDAYS @ 6PM (1½ hrs)

Yoga for Beginners*
MONDAYS @ 7:30PM (1½ hrs)

Yoga for Beginners*
WEDNESDAYS @ 6PM (1½ hrs)

Intermediate Yoga*
WEDNESDAYS @ 7:30PM (1½ hrs)

\$220/\$275* per course
\$165 / \$220* BY MARCH 31, 2009

PLEASE TICK THE CLASSES YOU WISH TO JOIN AND COMPLETE THE PAYMENT INFORMATION BELOW.

FAX ALL FORMS TO 236-7998 OR DELIVER THEM TO OUR STUDIO. OFFICE HOURS ARE 10AM – 2PM / 6PM-8PM MONDAY – FRIDAY AND 9AM – 2PM SATURDAYS

Payment Details

Name: _____
PLEASE PRINT

Email: _____
PLEASE PRINT

Home: _____ Work: _____ Mobile: _____

Total Amount _____ Cash Check# _____ Credit Card

Credit Card Authorization Form

Card Number: _____

3 - digit Customer Code: _____ FROM BACK OF CARD Expiration Date: _____

Name EXACTLY as it appears on card: _____
PLEASE PRINT

Mailing address where credit card bill is received, including zip code:

CUSTOMER: I, the undersigned, hereby declare that the credit card information above is true, accurate and appears in the name as stated and authorization is given to the above named individuals to use this card for purchases. Further I authorize my credit card company to accept and to charge my account purchases from The Bermuda Integrative Health Cooperative Ltd. on my _____ card.
TYPE OF CARD

Please keep this information on file for future purchases at the Bermuda Integrative Health Cooperative Ltd.

SIGNATURE

DATE