WHITE TANTRIC YOGA® Registration/Release

City_____ **Date**_____

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When this form is made available online and signed electronically, the electronic signature will be considered the same as an ink signature.

Signature _____ Date ___ / ___ / ___

Last Name _____ First Name _____

Spiritual Name _____

Mailing Address _____

City _____ State _____

Country _____ Zip Code _____

Phone _____

E-mail _____

Amount Paid _____ School Name (For Full-Time Students) _____

Are you currently on the mail and e-mail lists for information about 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.

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