

Yogabilitation

Teddi Barenholtz PT MS RYT

325 Reef Road, Suite 209

Fairfield, CT 06824

Registration for Workshop and Ordering Products: *Please complete this form and return with your check for the appropriate amount to the above address.*

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-mail: _____

Circle to indicate which Workshop or Product ordering:

1. Radiant Child Yoga Program Level One and Two _____

2. Yoga for Developmental Delay _____

4. Yoga Cards (indicate number of boxes)

Total amount _____

For workshop registration please provide the following information:

Yoga experience – years, type of yoga, personal practice: _____

Professional and personal experience with working with Children: _____

Pertinent Medical information or injuries: _____

Please Call 203-254-1311 or 203-400-1363 or email Yogabilitation@aol.com if you have any questions. Thank you.

Teddi Barenholtz PT, MS, E-500 RYT, RDI® Program Certified Consultant.