

View Monthly Orenda Schedule on line @

<http://calendar.yahoo.com/orendayoga>

DIRECTIONS

Located at 457 Rt. 146 Guilderland Center 12085

West from Albany on Western Ave. (aka) Rt. 20

Left onto Rt. 146 (at Stewarts Shop) towards Altamont.

3.5 miles on Rt. 146

Turn right at traffic light into Park Guilderland.

Orenda Yoga is in the Park Guilderland Plaza to the right .

2010 Pricing

\$13 Drop In

Single Class, welcomed at Flex Classes Only

* For "pay as you go" , please pay drop in fee *

1 Month Options

3 for \$33** - 4 for \$44**

5 for \$50 **

2 Month Options

6 for \$56 ** - same class/instructor (not flex)

8 for \$80** - flex

Unlimited ** - \$198

Prepay only - **Does Not carry over to next month. Additional classes \$13

Choose any flex classes per month(s) (mix n match)

flex classes specified on monthly schedule

Private Instruction - Please call for pricing

Workshops and Training Classes - Priced Individually

Your employer's benefits/wellness program may reimburse you for yoga class fees. Please check with your human resources department, and Orenda Yoga will be happy to provide you with a receipt.

visit on line or call for class details

www.OrendaYoga.org (518) 861-5714

Other Services

Massage, Meditation, Reiki, Reflexology

On Site Licensed Massage Therapist

Registration 2010

One form per person per year.

Please read carefully and fill out completely & legibly .

PLEASE READ AND SIGN

I am responsible for my own health and actions. I have consulted with a physician, if necessary, in regards to my participating in activities and programs offered herein. I shall undertake these classes at my sole risk. Orenda Yoga and healing arts and its sub-contractors shall not be liable for injuries , or damages to my person or property arising out of , or in connection with the use of the services and facilities of the premises. I release Orenda Yoga and its Instructors from all cause of action. This statement is binding throughout 2010.

Signature _____ Date _____

(parent or guardian for minor under 18)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Class / Workshop _____

Method of Payment Cash _____ Ck # _____ Credit _____ Gift _____

Credit Card # _____ exp _____ 3 digit code _ _ _

Amount Paid _____ Balance Due _____

Balance Paid, Date _____

Please indicate physical limitations or conditions (if any) you feel may be important for instructor to be aware of concerning your participating in classes.

Please make checks payable & mail to :

ORENDA YOGA

PO Box 104 , Guilderland Center, NY 12085