

The Lotus Seed School of Yoga

4635 NE 9th Ave * Portland, OR 97211 * 503-278-3699
www.lotusseed.org

Company Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

Please tell us briefly about your company; What is your mission/vision statement?

How do you think yoga classes would contribute to your company?

What style/level of yoga class are you interested in?

How many people do you anticipate would participate in our classes? _____

What are the proposed time(s) and date(s)? _____

Do you have a room in your facility in which classes could be held? _____

Do any of your participants have special needs (medical, emotional, behavioral, etc.) that we should know about? If so, please describe.

Please offer any other information that might help us serve your group.

We offer our classes for \$50 per hour, up to 10 students, \$75 over 10 students. Please describe your method of payment. (e.g. Pre-pay for as series of classes, students pay on a drop-in basis, etc.)

Thank you for your interest!