



# SOUL SOURCE

Center for Conscious Living

## CONTINUING STUDENT CLASS/WORKSHOP REGISTRATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CLASS/WORKSHOP REGISTRATION

Class/Workshop Title: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Amount of payment: \_\_\_\_\_ Check \_\_\_ Check # \_\_\_\_\_ Cash \_\_\_ Other \_\_\_\_\_

Please make checks payable **TO YOUR INSTRUCTOR**  
Bring payment to your class/workshop.

SOUL SOURCE  
Center for Conscious Living  
631 Fairview Road, Swarthmore, PA 19081  
610-690-3620