



# Central Mass Yoga & Wellness

Home of Yoga Warriors International™

## Information Request Form

(Please print)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Class Series:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I am requesting –**

\_\_\_\_ Attendance Record for the months \_\_\_\_\_

\_\_\_\_ Insurance Letter for Health Benefit Reimbursement

\_\_\_\_ Receipt of Sale of my Class Series

\_\_\_\_ Other \_\_\_\_\_

Please note: Unless otherwise requested, this will be *emailed* to you.

**Signature:** \_\_\_\_\_

(Please allow two weeks for processing.)