



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.)