

A Joyful Movement Studio

GIFT CERTIFICATE REGISTRATION FORM

(please print)

Your Information

YOUR NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: (home) _____ (work) _____

Email address: _____

Type of Class, Package, Retreat, or Playshop you would like to purchase:

Gift Recipient Information

RECIPIENT'S NAME: _____

ADDRESS: _____

CITY _____ ZIP: _____

PHONE: (home) _____ (work) _____

E-mail address: _____

Amount Enclosed: _____

Please send registration to:

A Joyful Movement
733 S. Lincoln
El Cajon, CA 92020

For Questions: Call Susan @ (619) 441-1165

