
 **Clouds in Water Zen Center Class Registration Form** 
(Mail or deliver to: 308 Prince Street, Suite 120, St. Paul, MN 55101)

You can also register online at www.cloudsinwater.org

I would like to register for the following classes.

Name of the Class	Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

- I would like to be on your mailing list.
- Please do not share my email and postal addresses with any other party.