



SPIRIT MIND & BODY



PRIVATE YOGA

Let us help you achieve your goals!

During your private yoga sessions, the instructor will help you dig deep into the specific areas you want to work on. Whether you want to relieve stress with breathwork and meditation, fine tune your alignment in certain postures, or learn how to move in a flow, our skilled instructor will work with you. Whether you have shoulder issues, low back pain, tight hamstrings, or you want to increase flexibility, private yoga can help you target those specific areas of concern by helping you develop a practice tailored to you and your needs.

One-On-One Sessions	Time	Member	Non-Member
Single Session	60 Mins	\$55.00	\$75.00
3– 1:1 Session Package	60 Mins	\$150.00	\$205.00
6– 1:1 Session Package	60 Mins	\$300.00	\$405.00
Partner Yoga Packages	Time	Member	Non-Member
Single Session Partner (2 max)	60 Mins	\$40/person	\$60/person
3– Session Partner (2 max)	60 Mins	\$120/person	\$160/person
6– Session Partner (2 max)	60 Mins	\$204/person	\$306/person

Instructor Tam Thull



Once you register with the Fergus Falls YMCA, a Yoga Instructor will contact you to set up times that work best for you and your trainer. They will meet with you to understand your goals and create a plan that fits your needs. Questions? Contact us at 218-739-4489 ext. 205



Date:		_
Paid: YES	or	N0
Initials: _		

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Name:		Member_	Non-Memb	er
Address:				_
Phone:				
Email:				
Under 18 Name:		Age:		
Parent/Guardian Name:				
Preferred time of training sessi Other information or considera				
PRIVATE YOGA				
Packages must be paid in full prior to session. Si purchase date. Packages may not be modified ar sions. Regardless of start time, session will end a member in place of their absence. Medical cleara	nd are non-transferable and non-refur at the scheduled time. Purchasers of g	ndable. 24 hour car	icellation policy for all sch	reduled ses-
INFORMED CONSENT and WAIVE	R OF LIABILITY			
In consideration of the YMCA accepting this registrati Area Family YMCA and all connected with the YMCA, o all loss, damage, injuries sustained by me or my prope (s) is/are physically sound and medically approved to p the YMCA or on YMCA related trips to be used for th	of and from any and all rights, claims, dem rty, or by the minor(s) for whom I am sig participate in the activities of the YMCA.	ands, and actions of a ning on his/her prop l authorize use of any	any and every nature whatso erty at any time. I declare th	ever, for any and at the above minor
PAYMENTS/CANCELLATIONS				
Payments must be made at the time of registration, pr	rior to participation in program. Cancellatic	ns must be within 24	hours of the start date of th	e program.
Print Name of Participant:	Signature of participan	t or guardian	I	Date:

Questions? Call: 739-4489 ext. 205