

SOJI ZEN CENTER

REGISTRATION FORM



2325 W. Marshall Road, Lansdowne, PA 19050

www.sojizencenter.com

SHINRIN YOKU - FOREST IMMERSION

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____

\$ _____ \$20 (Soji Member)

\$ _____ \$25 (Non-Member)