

**Location:**

Shrewsbury Church  
12824 Shrewsbury Church Rd,  
Kennedyville, MD, 21645

# 8 Limbs of Yoga

*8-Week Yoga Workshop*  
*at Shrewsbury Church, Kennedyville, MD*

**May 7 - June 25, 2015**  
**Thursdays, 6:30pm - 8:00pm**

**Learn about the 8 Limbs of Yoga and how they can be a guideline for a more meaningful practice and a more mindful life.**

This 8-week class, taught by Julie Phillips-Turner, RYT, is for students who wish to better understand yoga and its larger context that is known as the 8 Limbs of Yoga from the ancient text of the Yoga Sutras. Using poses, breathwork, and meditation techniques, you will develop a deeper understanding of how yoga is a combination of developing mindfulness within ourselves and the world around us that shapes our lives.

Each weekly 90-minute class will focus on one of the 8 Limbs of Yoga. The workshop will help your practice of yoga become a vibrant and embodied experience that can be integrated throughout your daily life.

This all-levels class is for beginner to intermediate students.

*\* A limited number of blocks, mats and straps and blankets will be available for participants. Participants are encouraged to bring their own equipment.*

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**Full 8-class program cost: \$100 per person**

**Drop-in fee: \$15**

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**Pre-registration for the program is DUE BY May 1, 2015.**

Please fill out the registration form below and FAX with credit card payment to 443-703-2359 OR mail with payment information or check payable to: Chesapeake Yoga & Wellness to 220 Dutcher Road, Queenstown, MD 21658.

**Online payment via PayPal is also available** - contact Julie to arrange.

**Questions?** Call Julie at 410-490-0033 or e-mail [Julie@chesapeakeyoga.com](mailto:Julie@chesapeakeyoga.com)

**Visit: [www.chesapeakeyoga.com](http://www.chesapeakeyoga.com)**

**Payment enclosed: \$100** \_\_\_\_\_

Check \_\_\_\_\_ (Payable to Chesapeake Yoga & Wellness)

Credit card #: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ CSC#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

E-mail: \_\_\_\_\_