



Yoga Class Application Form

(Classes are held at Jain Temple Lecture Hall)

Contact Information:

Temple office @ 262-695-1200
 Priya: yoga@hindutemplewis.org
 Visit us @ www.hindutemplewis.org

MEMBER INFORMATION (PLEASE PRINT OR TYPE):

First Name:		Last Name:	
Street Address:			
City:		State:	ZIP Code:
Telephone:		E-Mail:	
Additional Member(s):	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Name(s):	

CLASS AND MEMBERSHIP FEE INFORMATION:

Check Class Type	Fees – 1 st Member		Additional Member		Days and time	
	Year	Month	Year	Month		
<input type="checkbox"/> General Yoga	\$175	\$25	\$125	\$15	Mon & Tues	6 to 7:30 pm
<input type="checkbox"/> Vinyasa	\$175 (April- Dec)		\$175		Thurs	6 to 7:30 pm
<input type="checkbox"/> Senior	\$175		\$125		Sun	9 to 10:00 am
<input type="checkbox"/> Beginners	\$75 (Session 1)		\$50		Sat	9 to 10:30 am
<input type="checkbox"/> Kids only	\$60	\$10	Kids (5 to 11yrs) class free with Adult Annual membership			

YOGA FUND: The HTW Yoga group organizes lot of seminars and workshops through out the year for meditation, pranayama, yoga & holistic health and other related activities. HTW has a Yoga Fund which sponsors these activities. If you would like to donate anything towards the Yoga Fund, please do so at this time. Your donations will make these programs successful. – Thank you.

PLEASE CHECK: I would like to donate \$ _____ towards Yoga Fund.

PAY BY: _____ Cash _____ Check _____ Credit card
 (please make checks payable to: Hindu Temple of Wisconsin)

ACKNOWLEDGEMENT INFORMATION:

I acknowledge it is my duty to exercise ordinary care for the protection of myself and others while attending Yoga classes at Hindu Temple of Wisconsin (HTW). I assume the risk of physical activity with my own physical condition. I have received advice from my doctor that I am capable of physical exercise such as provided by HTW or I will seek such advice or I will assume the risk of exercising without a doctor's examination.

I take complete responsibility for my presence at the Yoga classes and will not hold HTW or its "instructors" responsible for my injuries or loss I may incur as a result of my participation in any yoga classes or discipline, now or in the future.

Signature: _____	Date: _____
Starting Date: _____ <input type="checkbox"/> New Member <input type="checkbox"/> Renewal	

