



Yoga Class Registration Form 2012

Payment Contact: Temple Off. @ 262-695-1200

Yoga Questions /Issues Contact:

Thulasi Narayanan @ mtnarayanan@yahoo.com

Dr.Manohar Ahuja @ mahuja_2000@yahoo.com

Visit us @ www.hindutemplewis.com/htw/list/yoga

MEMBER INFORMATION (PLEASE PRINT OR TYPE):

First Name:		Last Name:	
Street Address:			
City:		State:	ZIP Code:
Telephone:		E-Mail:	
Add Member: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Name:		
Children(5 to 11yrs): <input type="checkbox"/> No <input type="checkbox"/> Yes How many?	Name(s):		

PLEASE CHECK: I would like to donate \$50 \$100 \$200 \$300 \$500 **or other** \$ _____ **towards Yoga Fund.**

PAY BY: Cash Check Credit card

(Please make checks payable to: Hindu Temple of Wisconsin. **All donations are tax deductible.** All instructors are certified volunteers!)

ACKNOWLEDGEMENT INFORMATION:

I /We assume full responsibility for attending yoga classes and any consequences that may result such as injury etc. The instructors or Temple authorities will not be held responsible. Medical clearance will be obtained from my/our doctor prior to attending yoga classes.

Signature: _____ **Date:** _____

Starting Date: _____ **New Member** **Renewal**

CLASS INFORMATION: Please check the notice board for the current class schedule, hall and instructor information.