



Yoga Class Application Form

(Classes are held at Jain Temple)

Contact Information:

Temple office @ 262-695-1200
 Aekta Shah @ aekta_shah@yahoo.com
 Visit us @ www.hindutemplewis.com

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 FEE INFORMATION:

Membership	Member + Kids	Additional Family Member(s) Each	Level/Topic	Day	Time
<input type="checkbox"/> 1 Year	\$175.00	\$125.00	Intermediate	Tuesdays	6:15 to 7:30 PM
<input type="checkbox"/> 6 Months	\$120.00	\$95.00	Advance	Thursdays	6:15 to 7:30 PM
<input type="checkbox"/> 1 Month	\$30.00	\$30.00	Beginner/Kids	Saturdays	8:45 to 10:00 AM
<input type="checkbox"/> Pranayama & Meditation (Monthly)	\$15.00	\$15.00	Pranayama & Meditation	Sundays	9:00 to 10:30 AM
<input type="checkbox"/> KIDS ONLY	\$10/Month or \$60/Year				

NOTE: Extra \$10.00 of Registration/ID fee will be charged for each member and all money paid towards yoga activities are tax deductible.

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