



Yoga Class  
Registration Form

**Payment Contact:** HTW Office, 262-695-1200  
**Yoga Questions Contact:** ourhtw.yoga@gmail.com

**MEMBER INFORMATION (PLEASE PRINT OR TYPE):**  New Member  Renewal

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(5-11yrs): <input type="checkbox"/> No <input type="checkbox"/> Yes How many?	Name(s):		

**PAYMENT: I would like to donate \$ \_\_\_\_\_ 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! Your donation will not only support the yoga program's special sessions, it will also support the temple for providing space and other amenities. Those who are unable to pay as a result of financial hardship please contact ourhtw.yoga@gmail.com)

**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:** \_\_\_\_\_

**CLASS INFORMATION:** Please check HTW website/flyer for more information.

**DONATION INFORMATION: Annual (1 year): Family - \$ 100, Single - \$ 50**