



**Township of North Glengarry
Yoga Program**

Session: _____

PARTICIPANTS INFORMATION

First Name:	Last Name:
<input type="checkbox"/> Adult <input type="checkbox"/> Youth (13 to 17 years of age)	
Home Address:	City:
Postal Code:	Home Phone/Cell:
Email:	

EMERGENCY CONTACT INFORMATION

Name:
First Phone:
Second Phone:
Address:

ACKNOWLEDGMENT

Name Print:	
Signature:	Date:

OFFICE USE ONLY

Registered By:	Registration Date: d d / m m m / y y y y
Paid by : <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
Withdrawal Date: d d / m m m / y y y y	Signature: