

Jai Shri Krishna
International Bhakti Organization of Krishna (IBOK)
711 West Lake Street, Studio # 605 - Minneapolis, MN 55408
612-332-2413
iboksunita@gmail.com
www.ibokmnusa.org

Services of Yoga Center Form
Practicing Rules and Methods
(just the cost of the activity including meal)

Name of the applicant: _____

Age of the applicant: _____

Date of birth of the applicant: _____

Gender: _____ **Female** _____ **Male** _____

Street Address: _____

Home phone number: _____

Mobile phone number: _____

How did you hear about us? _____

Contact address of person in case of emergency: _____

Contact number of person in case of emergency: _____

Yoga class type (check one):

- ☐ **Individual**
- ☐ **Group (numbers of participants 2 to unlimited)**
- ☐ **Student**

Prior Yoga Experience: _____

Mode of Payment: Check _____ **Money Order** _____

Signature of Applicant: _____

Date of Application: _____

Schedule: Every Tuesday 6:30 PM to 8:30 PM

Please arrive half hour early to complete the application process. You can also fill out this form and mail with the payment prior to start the yoga class. IBOK mailing address is as follows:

**International Bhakti Organization of Krishna
727 5th Ave. S. # 204
Minneapolis, MN 55415**