

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

**Services of Yoga Center Form**  
**Practicing Rules and Methods**  
**(All Donation to IBOK are Tax Deductible)**

**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:** Cash \_\_\_\_\_ Check \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**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:**

**727, 5t Ave. S. # 204**

**Minneapolis, MN 55415**