

# NEW ENGLAND REGIONAL YOGA ASANA CHAMPIONSHIP

## OCTOBER 18, 2008

ORGANIZED BY: BIKRAM YOGA MERRIMACK VALLEY

*East Mill North Andover  
43 High Street, Suite 310  
North Andover, MA 01845*

## ENTRY FORM

Dear Sir/Madame,

I am willing to participate in the *New England Yoga Championship* organized by Yoga for You. I understand that the \$25.00 entry fee and a photo I.D. is to be attached to this form along with the signed waiver form.

NAME (in block letters): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_ (Must be 18 yrs. or older) Birthday: \_\_\_\_\_ (Please attach copy of photo ID)

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

I practice Yoga at: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

*I Certify that the above information is true to the best of my knowledge and belief.*

X \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature

X \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18 years old)

X \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Signature

Please mail the form and payment to the address listed above.

Any questions please call: Teri Almquist at 978-689-9642