



EDUCATION COMMITTEE - CLASS REGISTRATION FORM

Please make sure the information is complete and legible. Circle or check boxes as directed.
You can charge or write checks payable to The Bharatiya Temple. Include class and student info in the memo.

Are you a Temple Member for current calendar year? Yes ___ No ___ Membership # _____
If you are not a Temple Member, this is a good time to become one and start saving on class fees.

Class _____ Instructor _____

Part of Family registration? Yes ___ No ___ # Students (if Family) _____ (Need 1 Form per student)

For 1 Semester starting Sept. Jan. May _____ For 2 Semesters starting Sept. Year 20____
(Circle one) (NA if starting in Jan. or May)

Student Name: Last _____ First _____
Parent / Guardian: Last _____ First _____
Address 1: _____
Address 2: _____
City: _____ Michigan ZIP _____
Telephone: Home: _____ Cell: _____
Email: _____
Emergency Contact: Last _____ First _____
Telephone: Home _____ Cell _____

On behalf of my/our child(ren), I/We hereby waive my/our rights to hold the Temple responsible for any liability and claims of losses and/or expenses including attorney fees, arising out of any reason including but not limited to, bodily injuries, sickness, disease or death.

Signature: _____ Date: ____ / ____ / ____

Class Fees >>>	Class	Member	Non-member	Details
	Educational Classes	\$150	\$200	Per student per semester
	Hindu Dharma	\$200	NA	Per Family - open to member families only
	Others - Yoga, TT, etc.	>>	>>	As published in Class Flyer - check with Office

Please Note:	Fee discount table		Sept 13 - Aug 14 Calendar
	Students	Semesters	Dates below are 16 weeks to adjust for BT events. Each semester will have 15 class sessions.
1. Class fee is due 1st week of semester.	1	1	Start Sunday 9/8/2013 thru Sat 12/28/2013
2. A late fee charge (\$10) will apply after 2 weeks.	1	2	Start Sunday 1/12/2014 thru Sat 5/3/2014
3. Students not allowed in class after 2 weeks if fee is not paid.	2	1	Start Sunday 5/11/2014 thru Sat 8/30/2014
4. Temple Office will verify membership.	Circle as applicable		
5. Fee discounts available for siblings in the same class. See table.			

For office use only: Member? Yes ___ No ___ (Circle one) Fee \$ _____ Membership \$ _____ Total: \$ _____

Charge / Check Chk # _____ Date: _____

Processed by: _____