

# NY REGIONAL YOGA CHAMPIONSHIP

ORGANIZED BY:  
BIKRAM YOGA LES & BIKRAM YOGA NYC

## ENTRY FORM

Dear Competitor,

I am willing to participate in the **October 25, 2009** Yoga Championship organized by **Bikram Yoga NYC and Bikram Yoga LES**. 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 and proof of residency.

All applications must be completed and submitted by **October 11, 2009**

**Mail with \$25 entry fee to:**

**Bikram Yoga NYC / Attn: Championship / 143 W. 72nd St / New York, NY 10023**

NAME (PLEASE PRINT): \_\_\_\_\_

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

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

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

*(Please attach copy of photo ID)*

Yoga Studio Name: \_\_\_\_\_

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

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

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

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

Applicant's Signature

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

Parent/Guardian Signature (if under 18 years old)

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

Sponsor's Signature

Payment Method: Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Cash: \_\_\_\_\_

If paying by credit card: Number \_\_\_\_\_ Ex date: \_\_\_\_\_

Any questions please contact: **TRICIA DONEGAN** [triciadonegan@gmail.com](mailto:triciadonegan@gmail.com)