

OM LINGA CENTER
8950 Cadillac Ave Los Angeles, CA-90034
REGISTRATION FORM



Name: Last: _____ Middle: _____ First: _____

(If student under 18 years please complete parent's name)

Parents Name: Last: _____ Middle: _____ First: _____

Address: Street: _____ Apt.# _____ City: _____

State & Zip: _____

Mailing address if different from above:

Street: _____ Apt.# _____

City: _____ Zip: _____

Tel#: Home: _() _____ Work: _() _____

Cell: () _____ E-Mail address: _____

Class Enrolled: Yoga: Dance: Music: Workshop: Others:

How did you learn about Omlingaa?

Ad. in India currents Referred by a friend Name: _____

Ad. in Yogi Times Ad. in LA yoga Magazine

Flier Posted : Location : _____

Others _____

I would like the information regarding the upcoming events to be mailed or E mailed .

I have read, understood the Omlinga policies and fees for the classes and is in agreement

Signature: _____ Date: _____

(Signature of student over 18 years or parent/guardian if under 18 years)