



## Yoga Club Enrolment Form

Season 2003 - 2004

SURNAME: ..... Unit / Organization:.....

First name : ..... Telephone : .....

Address : .....

E-mail: .....

and/or member of the family:

SURNAME : ..... First name : .....

I should like to enrol the above-mentioned persons in the Yoga classes:

<b>Group I</b>	C		Monday	18 :00 – 19:00	Marie Checa-Gygax
<b>Group II</b>	C		Wednesday	12 :15-13 :15	Marie Checa-Gygax
<b>Group III</b>	C		Wednesday	18 :00 – 19:00	Karine Bayard
<b>Group IV</b>	—		Thursday	12 :15 – 13:15	Karine Bayard

Please indicate your second option should the class requested be fully booked:

.....

Date ..... Signature .....

*Please send the enrolment form to Pierrette Dunand, ILO, Office No. 8-20 (tel.022.799.6564).*