

Yoga: Senior Yoga

On going 2011

Easy going but effective, this gentle Yoga can help your flexibility, posture and energy. I can show you how to modify your yoga practice poses safely. My class gives you a ground floor to start from and work up to your comfort level. The class is informal and a lot of fun.



Instructor: Patti Kiriazis

I have been teaching yoga for 25 years. I certified in Santa Barbara at the White Lotus Foundation. Then studied and apprenticed under renown Marie Svoboda for ten years. I also studied in Greece with Angela Farmer and over the years with many other great teachers.

Session dates: On going

Check VPD on-line calendar for breaks or cancellations
or Call the office at 206-463-9602

Ages: 18 and up

Days: Tuesday and Thursday

No Class Thursday November 25 Thanksgiving

Times: 1:15 PM to 2:15 PM

Location: Ober Performance Room

Fee: Punch card options (**Expires 90** days after Date of Purchase)

4 X \$36 8 X \$72 12 X \$108

Single classes (drop-ins)

\$10 Drop In

Questions? Contact Us!

(206) 463-9602 phone
(206) 463-9614 fax

www.vashonparkdistrict.org

17130 Vashon Hwy SW
P.O. Box 1608
Vashon Island, WA 98070

Office Hours:
8 a.m. to 4 p.m.,
Monday thru Friday

Required: Comfortable clothes, Yoga mats and aids will be provided but feel free to bring your own.

IMPORTANT! Registration packets without required signatures, payment, and Reduced Fee or Payment Plan paperwork, if applicable, will NOT be accepted until all required documents are received. This will affect placement on the program roster.

PLEASE SEE ATTACHED PAGE FOR REGISTRATION FORM.

Official Use Only

**Senior
Yoga**

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Time: 1:15 PM to 2:15 PM
Location: Ober Performance
Instructor: Patti Kiriazis

Days: Tues & Thurs
Ages: 18 and up
Fee: Punch Card
 CCW____PP____RFA____

Payment Date: _____ Amt: _____ TYPE: _____ CC _____ CHK# _____ Cash _____ Web _____

Registration Information: Please complete side 1 and 2 of this form. If you have a Park District On-line Profile fill out the * lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases on side 2.

- * Name of Participant: _____
- * Date of Birth: _____ Grade: _____ Age _____ Gender _____
- * Parent or guardian name: _____
- * E-mail: _____ I do not wish to Receive promotional e-mail

Stop! If you have registered for a park program in the last 6 months you do not need to fill out the below information. Please proceed to the waiver page.

Primary phone: _____

Secondary phone: _____ Other phone: _____

Mailing address: _____

Home address if different from above: _____

Emergency contact: _____

(Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: _____ Relation: _____

Emergency back-up contact: _____

Phone: _____ Relation: _____

I DO or DO NOT have any medical conditions.

Please list all medical conditions: _____

Doctor name: _____ Doctor phone: _____

Location: _____

How did you hear about this program? Newspaper Website Mass email Poster

School registration packet Word of mouth Billboard Repeat session Other

Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

Yes! I want to **donate** to VPD's Reduced Fee Fund. Amount: \$ _____ Thank you!

