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| Original.png | **Event Registration Form** |
| **Date of Event you are registering for** | **YYYY/MM/DD** |
| **NAME** | Click here to enter text. | **DATE** | YYYY/MM/DD |
| **ADDRESS** | Click here to enter text. |
| **CONTACT NUMBERS** | **HOME** | Click here to enter text. |
| **CELL** | Click here to enter text. |
| **EMAIL** | Click here to enter text. |
| **DATE OF BIRTH** | YYYY/MM/DD | **ALLERGIES** | Click here to enter text. |
| **EMERGENCY CONTACT** | **Name** | Click here to enter text. |
| **Phone Number** | Click here to enter text. |
| **YOGA LEVEL** | [ ] Beginner | [ ] Intermediate | [ ] Advanced |
| **HOW DID YOU FIND OUT ABOUT US** | Click here to enter text. |
| **CHECK THIS BOX IF YOU WISH TO BE PART OF OUR MAILING LIST. OUR MAILING LIST SERVES TO SEND NEWSLETTERS THAT INCLUDE UPCOMING EVENTS, NEWS ABOUT ME TIME, AND PICTURES/INFO OF RECENT EVENTS.** | [ ]  |
| **PICTURES AND VIDEOS WILL BE TAKEN DURING THE EVENT(S). BY CHECKING THIS BOX YOU AGREE TO BE INCLUDED IN THE DIGITAL CONTENT WHICH WILL POTENTIALLY BE POSTED ON OUR SOCIAL MEDIA PAGES AND FUTURE MARKETING MATERIAL.** | [ ]  |
| **NOTES** | Click here to enter text. |
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