



# Power From Within

## Yoga Class

Friday, September 14th | 6:00 pm - 8:00 pm

Members \$25 | Non Members \$35

Sign up in Concierge

LOCATION: Mind & Body Studio

AGES: 14+

Unleash your inner fire and tap into your soul to experience the true power behind your breath. This 2-hour Power Yoga is intended to strengthen and stimulate the deep connective tissue of the body and open up natural energy stores. You will leave with a true mind-body-soul connection.

Yoga experience recommended.

**PELICAN**  
ATHLETIC CLUB

“Power is not sought after the outside, but rather is patiently cultivated from within”  
- Heatherash Amara

# PELICAN

ATHLETIC CLUB

## REGISTRATION FORM

Please fill out completely and return to PAC concierge.

**NAME:** \_\_\_\_\_ **T-SHIRT SIZE:** \_\_\_\_\_  
*if applicable*

**D.O.B.:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**MEMBER #:** \_\_\_\_\_  **MEMBER**  **NON-MEMBER**

**EMERGENCY CONTACT NAME / GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** **HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AVAILABLE TIMES :**  
*if applicable*

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, employees, representatives, and agents harmless for any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting therefrom. In addition, I agree that the above information is accurate and complete. I, also, understand and acknowledge that photos may be taken for publicity/marketing purposes and give my authorization for any and all photos or video footage of myself, or of my minor child, to be used in this fashion.

**SIGNATURE:** \_\_\_\_\_

THE INFORMATION BELOW IS TO BE FILLED OUT BY PAC CONCIERGE ONLY.

PROGRAM NAME	PACKAGE <i>if applicable</i>	COST
1:	_____	_____
2:	_____	_____
3:	_____	_____

**ADDITIONAL NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT DUE:

AMOUNT PAID:

**PAYMENT INFORMATION:**

METHOD OF PAYMENT: Check, Credit Card, Cash, CTA

Check #

PAYMENT ACCEPTED BY: \_\_\_\_\_