



Montville Recreation Department's  
**Virtual**  
**YOGA CLASSES**



**WHO:** All are welcome. Ages 6 through Adults. No prior experience necessary.  
*(Adult would be required to stay with child during the program if not participating.)*

**WHAT:** Energize your body as you stretch and strengthen major muscle groups from the safety of your home. Sun Salutation is a yoga practice that involves a series of Body Postures. Sun Salutation along with other Postures is the rhythm of the body, melody of the mind and harmony of the soul.

**WHERE:** **VIRTUAL**—Class link will be sent to registrants prior to program start with specifics.

**WHAT'S NEEDED:** Wear Comfortable Clothing, a Yoga Mat, Sport Towel, and Water Bottle

**WHEN:** Saturdays: January 16th through April 24th *(NO: 3/27)* from 9:15am to 10:15am.

**INSTRUCTOR:** Rama Jonnalagadda, Certified Yoga Instructor



**FEE:** \$80.00 per participant for the 14 (fourteen) week program.  
**\*\*\*You must be PRE-REGISTERED to participate! NO DROP-INS allowed!**  
 This is a per person fee *(adult and/or child)*. **No refunds.**

**PAYABLE TO:** Montville Recreation (located at 195 Change Bridge Road in Montville)

**REGISTRATION PROCEDURES:**

- 1. On-Line from Home *(Echeck with 1% Fee OR Credit Card with 3% Fee)*
- OR** 2. Payment Drop Box in Municipal Building's Parking Lot *(Check Only....must have family page set up on Community Pass)*

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>  
 To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

**QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: [www.montvillenj.org](http://www.montvillenj.org)**



**LIKE us on FACEBOOK at:** <https://www.facebook.com/Montvillerec/>



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**YOGA CLASSES by Rama - Winter 2021**

**\*\*NOTE: You can register directly from home! No need to fill out paperwork!**

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**OR**  
 Adult Participant \_\_\_\_\_ Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary Contact Name/Relation/Cell Phone # \_\_\_\_\_

Secondary Contact Name/Relation/Cell Phone # \_\_\_\_\_

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) \_\_\_\_\_

Emergency Name & Phone # (IF the above cannot be reached) \_\_\_\_\_

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

\_\_\_\_\_

I understand that the Recreation Department **DOES NOT** provide accident insurance.  
 If under 18 years of age, my child has my permission to participate in this class.

Parent/Guardian **OR** Participant Signature (If over 18 yrs) \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE (1/8/21):** Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_ **PROGRAM # 822**