

Sponsored by Town of Southeast

Funded by NYOF&FS and PCYB

Dates: April 29 / May 6, 13, 20 / June 3, 10

Location: CV Starr Library

Time: 3:30 pm to 4:30

Fee: \$75



Yoga And Journaling

Mats and props/supplies are provided by instructor

This class involves an exploration of yoga in a safe and encouraging environment. Students will engage in yoga poses (asana), breathing (pranayama) and relaxation techniques that can help build a great awareness of self, focusing on our own inner beauty while also exploring creativity, balance, strength and flexibility. We will use journaling to examine our goals, feelings and thoughts resulting in more positive self awareness and self-esteem. We will also be practicing mindfulness toward ourselves and others.

Instructor Jennifer is a certified 200 hour Hatha Yoga Teacher. She trained at YogaHaven in Scarsdale. She also trained in Kids Yoga at YogaHaven in Tuckahoe. She is currently teaching classes for adults and children. Please visit us on Facebook at Milli-yoga. We look forward to seeing you!

ACTIVITIES REGISTRATION FORM

PROGRAM: _____

NAME: _____ MALE: _____ FEMALE: _____ GRADE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: (HOME) _____ (WORK) _____ (CELL) _____

EMERGENCY CONTACT: _____ PHONE: _____

FEE (non-refundable) : CREDIT CARD: _____ CHECK: _____ CASH: _____

CREDIT CARD INFO (No Amex): Number" _____

All programs are subject to a 2% processing fee for all credit card payments.

Expiration date: _____ Security Code: _____

E-MAIL ADDRESS: _____

How did you hear about this program?: Brochure _____ Bear Backpack _____ Facebook _____ Other _____

_____ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Mail or drop off at: Town of Southeast Recreation Department

1 Main Street / Brewster, NY 10509 / phone: (845)279-3915 / Fax: (845) 279-3137

E-Mail: recreation@southeast-ny.gov Website: www.southeast-ny.gov

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