Jain Temple of Virginia.
www.jaintempleva.org
Pathshala Form

Student Name: _____________________________________________________________
(First) (Last)
Age: ___________________________ Grade: ___________________________
Street Address: __________________________________________________________
City: ___________________________ State: ___________________________ Zip Code: __________

Student Name: _____________________________________________________________
(First) (Last)
Age: ___________________________ Grade: ___________________________
Street Address: __________________________________________________________
City: ___________________________ State: ___________________________ Zip Code: __________

Home Phone: ________________ Mom Cell: ________________ Dad Cell: ________________
Name: (1) __________________ (2) __________________
(Mom) (Dad)
Email Address: (1) __________________ (2) __________________
(Mom) (Dad)

1) Pathshala activities is a volunteering activities by member to keep our culture in our kids. Please help as a teacher, PTA, Class Room Mom or Pathshala Lunch Coordinator.

2) Any members, any sponsors and/or JTVA are not responsible for any injury of any kind, any damages, loss of personal property or any kind of liabilities resulting from participation in JTVA Programs (on or offsite)

3) Pathshala fees is $100 per kid p. a and pl pay along with this registration forms by cash, check or credit card.

Member Signature: ___________________________ Date: ________________

Send Complete form to: Jain Temple of Virginia.
Membership Committee
3656 Centerview Dr Unit 5
Chantilly , VA – 20151.
Email: contact@jaintempleva.org
hemacpa@gmail.com

Office Use Only:

Received by ______________ Date: ______________
Student ID ______________ Date: ______________