

The Lotus Seed School of Yoga

4635 NE 9th Ave * Portland, OR 97211 * 503-278-3699
www.lotusseed.org

Organization Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

Is your organization a 501(c)3 non-profit? ____ If so, what is your EIN? _____

What is your mission and vision statement?

What population(s) do you serve?

How do you think yoga classes would compliment your program?

How many people do you anticipate would participate in our classes? _____

What are the proposed time(s) and date(s)? _____

Do you have a room in your facility in which classes could be held? _____

We offer our classes for \$50 per hour, up to 10 students. However, limited scholarships are available for programs who cannot afford our services. Does your organization plan to apply for a scholarship? _____

Comments:

Do any of your program participants have special needs (medical, emotional, behavioral, etc.) that we should know about? If so, please describe.

Please offer any other information that might help us determine our ability to aid your organization.

Thank you for your interest!