



Jain Temple of Virginia.

www.jaintempleva.org

Pathshala Form

Student Name : _____
(Last) (First)

Age : _____ Grade _____

Street Address : _____

City: _____ State: _____ Zip Code: _____

Student Name : _____
(Last) (First)

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)

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| <ol style="list-style-type: none">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. |
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Member Signature: _____ Date: _____

<p>Send Complete form to:</p> <p>Jain Temple of Virginia. Membership Committee 3656 Centerview Dr Unit 5 Chantilly , VA – 20151. Email : contact@jaintempleva.org hemacpa@gmail.com</p>	<p>Office Use Only:</p> <p>Received by _____ Date: _____</p> <p>Student ID _____ Date: _____</p>
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