



REGISTRATION FORM

SADHU VASWANI CENTER

494 Durie Avenue

Closter, NJ 07624

Phone: 201-768-7857

Fax: 201-768-0433

E-mail: info@sadhuvaswanicenter.org

SADHU VASWANI GURUKUL

www.sadhuvaswanigurukul.org

Date: _____

Parent's Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Name and age of children: _____

Would you be interested in being a teacher? _____

Would you like to volunteer for class activities? _____

Teacher to fill out below and submit the form

Class Location: _____

Teacher: _____

Comments: _____
