

## REGISTRATION FORM

### Vraj Adult Retreat

(Dates: 06/07/2025 – 06/14/2025)

(One form per camper)

CamperName: \_\_\_\_\_

Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (31+) Gender: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone # - Home: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_ I.D. \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Group # \_\_\_\_\_

T-Shirt Size: S M L XL XXL (Please circle one)

Emergency Contact (Name): \_\_\_\_\_ Relation to camper: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

You may email these forms to Mallika ben at: mallikampatel29@gmail.com

OR Kamin ben at: coreresusa@gmail.com

Registration form is not accepted, if any document is missing.

Please check box for document included:

This form

Signed Permission slip

Copy of Health Insurance

Completed Medical clearance form

Donation in the amount of \$401.00 by check, per Registered Member, is payable to Vraj

Donation for Private room \$1404, if available. Non-registered members are not allowed in any registered person's room. (Optional) I would like to share room with:

(1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (Four in a room)

Please note - Important: Vraj Mandir does not accept any forms or do not take names.