

REGISTRATION FORM

Vraj Adult Retreat

(Dates: 05/02/2026 – 05/09/2026)

(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 documents 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.

Please note, should you cancel for any reason, the donation is fully refundable till May 2, Donation for Private room is \$1404, if available. Non-registered members are not allowed in any registered person's room. (Optional) I would like to share the room with:

(1) _____ (2) _____

(3) _____ (3) _____ (Four in a room)

Please note - Important: Vraj Mandir does not accept any forms nor take down any names.