

Application Form for Yoga & Sound at Arsha Vidya Gurukulam,
Pennsylvania. September 7 to 14, 2012

Please submit one form per person with original signature - even if paying by a single payment for shared occupancy. Retain a copy of completed *Application Form* for your records.

Name: _____ Male/Female _____

Mailing Address: _____

City/State/Zip/Country: _____

Phone: _____ Cell: _____ Email: _____

TYPE of occupancy you are requesting (see Type 1 thru 6 on the [flyer](#)) _____
(Rooms are allocated after full payment is received. If the TYPE you choose is not available will you accept the next available Type? Circle YES or NO. If you choose NO, you may be asked to stay at a motel for an additional fee.) YES NO

To apply before July 6, 2012 please pay at least \$100 deposit per person. After July 6, please pay the full fee. The amount of deposit included \$ _____
Additional nights (limited accommodation available at \$80 per night). No. of nights _____ Amount \$ _____
Total (Make Checks payable to Ramanand Patel) \$ _____

When you pay by PayPal or Credit Card, a 5% processing fee will be added to the tuition fees. This 5% fee will not be refunded in the event you cancel. To pay by paypal or credit card visit: <http://www.yogirama.com/AVG12Paypal.html>

After making the Payment: State the amount paid \$ _____

State the date on which you have paid (date): _____

The balance you will remit by July 6th 2012..... \$ _____

Names of the persons for whom you claim the 5% rebate
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Provide the following information to be used in the event of an emergency. Name & Relationship of the contact person:

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E-mail:..... Phone:

If applying for double/triple occupancy please print clearly name(s) of partner(s).
Otherwise partners will be assigned by Ramanand .

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Scholarship: Visit www.yogirama.com/scholarship.html to apply for a scholarship OR to add to this fund.

Please register me for this workshop. I have read the flyer for the workshop and agree with all the stipulations therein, including "Refund Policy" and "Type of Occupancy."

Signature

Date

Print and mail both pages of the *Application Form* with your original signature and with fee (payable to Ramanand Patel) to:

Nila Patel, 4926 Maranatha Way, Allentown, PA-18106.
Phone: 1.610.706.3196 E-mail: Nilasur@aol.com.

Additional information will be sent to you after registration.

For more information visit www.yogirama.com OR contact Nila Patel.

Include special diet needs if any in a separate letter with this application.

Form revised 10/30/2011