



Kriya Yoga International

6th Residential Brahmachari Training Course (RBTC) December 6, 2012 to March 10, 2013

At Hariharananda Gurukulam, Balighai, Puri, Odisha, India

RBTC Guest Registration Form

(For residents from USA / Canada / South America / Australia / New Zealand)

We are offering the opportunity for kriyavans (other than the trainees) to stay at the ashram and attend some of the classes held during the 6th RBTC in India. Please submit the completed RBTC Guest Registration Form and payment to Kriya Yoga Institute in the USA (address is below). One can register for a day, week, month, or the entire three months. The fees below include attending classes and simple accommodation and meals.

Guest Registration Rates:

\$30 USD per day

\$180 USD per week

\$600 USD per month

\$1500 USD entire 3 months

(If you are also attending the 2013 International Intensive Kriya Yoga Seminar (IIKYS) in January, please register and pay for it separately.)

Please fill out the form below (check the box that applies) and return both pages with your payment.

Name: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ / _____ Cell Phone: _____ / _____

Work Telephone: _____ / _____ Email Address: _____

Date initiated into First Kriya in Paramahansa Hariharananda's lineage: _____ (mm/dd/year)

Initiated by: _____

Date initiated into Second Kriya in Paramahansa Hariharananda's lineage (specify parts received):

_____ (mm/dd/year) Initiated by: _____

_____ (mm/dd/year) Initiated by: _____

I would like to register for the entire three-month stay during RBTC (December 6, 2012 – March 10, 2013). Enclosed is a check/money order for \$1500.00 ***made payable to Kriya Yoga Institute.***

I would like to register for ____ month(s) stay during RBTC and the dates are specified below.

Enclosed is a check/money order for \$_____ [number of month(s) ___ x \$600.00 per month] **made payable to Kriya Yoga Institute.**

I would like to register for ___ week(s) stay during RBTC and the dates are specified below.

Enclosed is a check/money order for \$_____ [number of week(s) ___ x \$180 per week] **made payable to Kriya Yoga Institute.**

I would like to register for _____ days (s) stay during RBTC and the dates are specified below.

Enclosed is a check/money order for \$_____ [number of days ___x \$30.00 per day] **made payable to Kriya Yoga Institute.**

**My dates of attendance will be:_____ to _____
20__.**

I will arrive on _____(mm/dd/year) at _____am/pm

and depart on _____(mm/dd/year) at _____am/pm.

Include all arrival and departure flights details here:_____

Please mail this form to: Kriya Yoga Institute, RBTC, PO Box 924615, Homestead FL, 33092

(In the event of cancellation there will be a \$50.00 non-refundable deposit.)

Registrant's Signature:_____ Date:_____

By signing below I agree that I will abide by the code of conduct of Prajnana Mission and will not Prajnana Mission, liable for any injuries, illness, or losses that may occur during my attendance, or use of the Prajnana Mission facilities.

I agree that Prajnana Mission and its agents, staff, employees, and instructors shall not be liable for any injuries or any damages to any registrant or guest, or be the subject to any claim, demand, injury or damages, whatsoever, including without limitation, those damages from acts of passive or active negligence on the part of Prajnana Mission, its officers, staff, employees or agents. Registrant does hereby expressly forever release and discharge Prajnana Mission from all such claims, demands, injuries, damages, actions or causes of action whatsoever. Registrant acknowledges that he/she has carefully read this paragraph and fully understands that this is a waiver and release of liability.

Registrant will at all times indemnify and hold harmless Prajnana Mission, its agents and licensees from and against any and all claims, damages, liabilities, costs and expenses, including but not limited to reasonable legal expenses arising out of my attendance, or use of the Prajnana Mission facilities.

Print Name:_____ (Only one registrant per form)

