



Higher Kriya Retreat – Registration Form Wednesday, April 1, 2015 to Sunday, April 5, 2015

The Higher Kriya Retreat will begin at 5:30am on Wednesday, April 1, 2015 and conclude at 9:30 p.m. Sunday, April 5, 2015. Please fill out the form below (check all boxes that apply) and return the entire page with your payment. Please make photocopies of this form for more than one registrant.

Name:			Gender:			
Initiated into Paramahamsa I	Hariharananda	a's lineage on:		by:		
Initiated into 1 st and 2 nd parts of Second Kriya on:			by:			
Initiated into 3 rd part of Second Kriya on:			by:			
Initiated into 4 th part of Second Kriya on:						
Street Address:						
City:			State:		 Zip:	
Email Address:		Telep	ohone:	/		
☐ I would like to register						ashram. Enclosed
is a check/money order for \$	50.00 per day	(includes progr	ram, meals, a	nd accom	modation) made	payable to the
Kriya Yoga Institute.						
□ I would like to register f	or the Higher	Kriya Retreat i	n Homestead	, FL and	will arrange my o	wn
accommodation at a local ho			-		-	ncludes program
and meals only), for the days	that I will at	tend, made paya	ible to the Kr	iya Yoga	Institute.	
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I will participate on the follo	wing days (pl	ease circle):				
Wednesday Thursday	Friday	Saturday	Sunday			
I will arrive on	_ atan	n/pm and depart	on	at	am/pm.	
In the event of cancellation to	here will be a	\$100.00 non-re	fundable dep	osit.		
Please send the form to: High	ner Kriya Retre	eat, P.O. Box 924	615, Homestea	ad, FL 330	92-4615.	
By signing below I agree that I will any injuries, illness, or losses that						a Institute, liable for
I agree that Kriya Yoga Institute a any registrant or guest, or be the s damages from acts of passive or a does hereby expressly forever rele causes of action whatsoever. Regis waiver and release of liability.	subject to any clo ctive negligence ase and dischar	aim, demand, injur on the part of Kriy ge Kriya Yoga Inst	y or damages, w va Yoga Institute itute from all su	vhatsoever, e, its officer ch claims, d	including without lin s, staff, employees or lemands, injuries, da	nitation, those r agents. Registrant ımages, actions or
Registrant will at all times indemn claims, damages, liabilities, costs use of the Kriya Yoga Institute fact	and expenses, in					
Registrant's Signature:				_ Date:		
Print Name:			(Onl	y one regi	strant per form)	