



PO Box 924615 Homestead FL 33092-4615

## Gurudev's Birthday Celebration - Kriya Yoga Institute, Homestead, FL Thursday, May 26, 2016 to Monday, May 30, 2016 Registration Form

Gurudev's Birthday Celebration will begin at 5:30 a.m. on Thursday, May 26, 2016 and conclude at 9:30 p.m. Monday, May 30, 2016. 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 Harihara	nanda's lineage on:	by:	
Street Address:			
City:	State:	Zip:	
Email Address:	Telephone:/_		
☐ I would like to register for the full be staying at the ashram. I am send program.)	5-day Gurudev's Birthday Seminar ( ling a check / money order for \$325		
	udev's Birthday Celebration in Homoff-site. Enclosed is a check/money will attend, made payable to the Kri	order for \$50 per day	
I will participate on the following day	ys (please circle):		
Thursday Friday Saturday Su	nday Monday		
I will arrive on at	am/pm and depart on	_ atam/pm	
. In the event of cancellation there will	l be a \$100.00 non-refundable depos	it.	
Please send the form to: Gurudev's E	Birthday Celebration, P.O. Box 9246	15, Homestead, FL	33092-4615.
By signing below I agree that I will a Yoga Institute, liable for any injuries Yoga Institute facilities.			
I agree that Kriya Yoga Institute and injuries or any damages to any regist whatsoever, including without limital Kriya Yoga Institute, its officers, staff discharge Kriya Yoga Institute from whatsoever. Registrant acknowledge, this is a waiver and release of liability	trant or guest, or be the subject to ar tion, those damages from acts of pas f, employees or agents. Registrant do all such claims, demands, injuries, d s that he/she has carefully read this p	ny claim, demand, in ssive or active neglig oes hereby expressly lamages, actions or d	njury or damages, gence on the part of y forever release and causes of action
Registrant will at all times indemnify against any and all claims, damages, expenses arising out of my attendance	liabilities, costs and expenses, inclu	uding but not limited	
Registrant's Signature:	I	Date:	Print
Name:	(Only one registrant per form)		