Kriya Yoga International

Hariharananda Gurukulam, Balighai, Puri, Orissa, India

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

Name:			Gender:		
Street Address:					
				Zip:	
Phone:	Email Address:				
Emergency Contact Name	e & Phone:				
Date initiated into First K	riya in Paramahamsa Hari	iharananda's line	eage:	(mm/dd/year)	
Initiated by:					
Date initiated into Second	Kriya in Paramahamsa H	Iariharananda's	lineage (specify	parts received):	
(r	nm/dd/year) Initiated by:				
(r	mm/dd/year) Initiated by:				
I would like to register for	days (s). The dates	are specified be	low.		
	d meals, <i>made payable to</i>	Kriya Yoga Ins	stitute. If paying	0 per day], which includes by PayPal from USA add	
My dates of attendan	ce will be:		to	20	
I will arrive on	(mm/dd/year) at .		am/pm		
and depart on	(mm/dd/year) at _		am/pm.		
Include <u>all</u> flight details he	ere:				
Please mail this form to: email this form to institu			Homestead FL	33092. You could also	
By signing below I agree that I wil Institute and Prajnana Mission, lic facilities.					
Registrant does hereby expressly for	t, or be the subject to any claim, de ctive negligence on the part of Kri orever release and discharge Kriy on whatsoever. Registrant acknow	emand, injury or dam ya Yoga Institute and a Yoga Institute and l	ages, whatsoever, incl Prajnana Mission, its Prajnana Mission fron		
	s, costs and expenses, including bu			and licensees from and against any urising out of my attendance, or use of	
Registrant's Signature:			Date:		
Print Name:			(On	aly one registrant per form)	