

# REGISTRATION FORM

We invite you to register by filling out this form and returning it with your payment and signed Liability Statement. **Please** check your arrival day & enter the number of meals on the bottom of the Liability Statement. *We look forward to seeing you!*

**NAME:** \_\_\_\_\_ **COST:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Please add \$12.50 for the use of a Meherana tent for the weekend. That fee is per tent, not per person. Futons are \$7.50 each. If you bring your own tents and futons there is no charge.

**CHILDREN:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

I would like to sponsor someone who can't afford the requested donation. Enclosed is \$\_\_\_\_\_ for this purpose.

## REQUESTED DONATION FOR REGISTRATION

Please register early so we can plan for food and other supplies. *Thank you.*

AGE	By Sept.27	After Sept.27
25+	\$135.	\$150.
18-24	\$105	\$117.
3-17	\$60	\$68.
Under 3	free	free

Tent needed? Tents and futons are in limited supply. If we are unable to grant your request, we will email you.

Tent \$12.50 ea      Futon \$7.50 ea

**TOTAL REGISTRATIONS** \$ \_\_\_\_\_

## LIABILITY STATEMENT:

I/We agree to release and hold Meherana, Inc. harmless from any and all liability in the event of an accident. All persons using the premises assume the risk of injury to themselves and/or their children.

I/We further agree to indemnify Meherana for any attorney fees and/or costs involved in defending itself from any actions for injury occurring on the premises.

I grant Meherana, Inc. permission to act in whatever way necessary to care for me and/or my children in case of emergency, including permission for me and/or my children to receive medical treatment.

PLEASE NOTE: All attendees must be listed under registration. All attendees 18+ must sign below. Attendees under 18 must have the signature of a parent or legal guardian.

\_\_\_\_\_  
Signature of Attendee or Responsible Party      Date

\_\_\_\_\_  
Signature of Attendee or Responsible Party      Date

\_\_\_\_\_  
Signature of Attendee or Responsible Party      Date

\_\_\_\_\_  
Signature of Attendee or Responsible Party      Date

Special Medical or other needs: \_\_\_\_\_

Need electricity for medical equip. (bring battery back-up)

## MEALS

- Vegetarian Meals       Non-Vegetarian Meals
- Vegan       Gluten Free

Please indicate when you will arrive, what meals you will have, and if you need a tent or futon. *Thank you!*

I/We will arrive: \_\_\_\_\_

**Friday # for afternoon tea** \_\_\_\_\_ **# for dinner** \_\_\_\_\_

**Sat. # for breakfast** \_\_\_\_\_ **# for lunch** \_\_\_\_\_ **# for dinner** \_\_\_\_\_

**Sunday # for breakfast** \_\_\_\_\_

Please go to: <https://www.paypal.com/fundraiser/charity/1356892> to pay online.