



# SPRING SAHAVAS

FRIDAY, May 24th through MONDAY, May 27th, 2019

## 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 number of meals on the bottom of the liability statement! We look forward to seeing you!

| NAME  | COST  | MEHERANA TENT | MEHERANA FUTON |
|-------|-------|---------------|----------------|
| _____ | _____ | _____         | _____          |
| _____ | _____ | _____         | _____          |
| _____ | _____ | _____         | _____          |
| _____ | _____ | _____         | _____          |

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 | _____ | _____ |
| _____ | Age | _____ | _____ |
| _____ | Age | _____ | _____ |

**Timely registrations allow us to plan accurately for supplies and food.**

| Ages    | By May 17 | After May 17   |
|---------|-----------|----------------|
| 25+ yrs | \$165     | \$180          |
| 18 - 25 | \$125     | \$135          |
| 3 - 17  | \$70      | \$75           |
| Under 3 | free      | free           |
| Tent    | — \$12.50 | Futon — \$7.50 |

### ADDRESS

\_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

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

**TOTAL REGISTRATION \$** \_\_\_\_\_

Mail your registration to : **MEHERANA**  
P.O. Box 1997  
Mariposa CA 95338

**Check** payable to Meherana

**Charge** my Credit Card

Card # \_\_\_\_\_ Expires \_\_\_\_\_ Security Code \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(as it appears on account)

**Paypal:** Enter [donations@meherana.org](mailto:donations@meherana.org) and the funds will come to Meherana.



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## 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.

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Signature of Attendee or Responsible Party

Date

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Signature of Attendee or Responsible Party

Date

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Signature of Attendee or Responsible Party

Date

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Signature of Attendee or Responsible Party

Date

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Please fill out the following to help us accommodate your needs. *Thank you!*

**ARRIVAL TIME** I /we will arrive: \_\_\_\_\_

**MEALS:**       Vegetarian Meals       Non-vegetarian Meals       Vegan       Gluten Free

Friday      # for Afternoon Tea \_\_\_\_\_      # for Dinner \_\_\_\_\_

Saturday      # for Breakfast \_\_\_\_\_      # for Lunch \_\_\_\_\_      # for Dinner \_\_\_\_\_

Sunday      # for Breakfast \_\_\_\_\_

**TENT** Needed? # \_\_\_\_\_ (\$12.50 ea) limited supply

**FUTON** Needed? # \_\_\_\_\_ (\$7.50 ea) limited supply

**SPECIAL MEDICAL** or other needs : \_\_\_\_\_

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

If we are unable to grant your request, we will email you.

*Jai Meher Baba!*