



(3) Participant Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number - Home: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Information: Health Plan: \_\_\_\_\_ I.D. # \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Group # \_\_\_\_\_

Special Requirement: \_\_\_\_\_

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(4) Participant Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number - Home: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Information: Health Plan: \_\_\_\_\_ I.D. # \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Group # \_\_\_\_\_

Special Requirement: \_\_\_\_\_

I read and explained consent and permission rules and policy to my room attendee. I and he/she understood and accept it.

Vraj and its administration will keep all rooms sanitized and allowing only family members or close friends together in the room. Vraj is Strictly Following CDC guideline for communities of faith for this religious program. Vraj and its Volunteers are not responsible, if you acquire Corona infection while attending this program.

We understand that, because of Corona Pandemic religious lectures will be pre-video recorded or online.

\_\_\_\_\_  
Signature of main Participant

\_\_\_\_\_  
Date

## GUARDIAN INFORMATION:

Emergency/Guardian Name: \_\_\_\_\_ Relation to camper: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

I read and explained consent and permission rules and policy to my relative attendee and he/she understood and accepts it. In case of emergency, I will come to Vraj to pick them up or take them to hospital at any time.

Vraj and its administration will keep all rooms sanitized and allowing only family members or close friends together in room. Vraj is Strictly Following CDC guideline for communities of faith for this religious program. Vraj and its Volunteers are not responsible, if you acquire Corona infection while attending this program. Because of Corona Pandemic religious lectures will be pre-video recorded or online.

\_\_\_\_\_  
Signature of Guardian\_\_\_\_\_  
Date**Please select (A) or (B) TYPE of accommodation (One only):****(A) WEEKLY PROGRAM:**

Please check which week (s) you want to attend program.

Please provide your First and Second Choice of building. It will be first come first serve base.

Vaishnav staying for four weeks has preference over one week stay, for accommodation in Vallabh Suvidha Sadan.

- Week # 1: Saturday Sept. 19<sup>th</sup> 2:00 pm – Saturday Sept. 26<sup>th</sup> 10:00 am  
 Week # 2: Saturday Sept. 26<sup>th</sup> 6:00 pm – Saturday Oct. 03<sup>rd</sup> 10:00 am  
 Week # 3: Saturday Oct. 03<sup>rd</sup> 6:00 pm – Saturday Oct. 10<sup>th</sup> 10:00 am  
 Week # 4: Saturday Oct. 10<sup>th</sup> 6:00 pm – Sunday Oct. 18<sup>th</sup> 10:00 am

Week number				Building	Donation/ 1Rm. / 1week/ up to four ppl.	Except Vallabh Suvidha Sadan, all Rooms are 5 minutes walk away from Nandalay/Satsang Hall
1	2	3	4			
				Subodhini & Gusaiji Krupa	\$ 800.00	Standard rooms ( Old Buildings)
				Shri Krupa & Krishna Krupa	\$ 1200.00	On other side of lake, some rooms on first floor
				Vallabh Suvidha Sadan	\$ 1600.00	Attached by Tunnel. Has elevator (New)

OR

**(B) FULL FOUR WEEK PROGRAM:**

You may have up to four people of your family/known friends in the room.

Please provide your First and Second Choice of building. It will be first come first service base.

Choice #	Building	Donation*/ For 4 weeks/ Up to 4 ppl.	Except Vallabh Suvidha Sadan, all Rooms are 5 minutes walk away from Nandalay/Satsang Hall
	Subodhini & Gusaiji Krupa	\$ 2000.00	Standard rooms.
	Shri Krupa & Krishna Krupa	\$ 2500.00	Place to do Seva in some rooms. Some rooms, required to climb stairs
	Vallabh Suvidha Sadan (New building)	\$ 3500.00	Attached by Tunnel to Naldalay. Has elevator in the building.

\*Donation includes attending discourses, Satsang with other Vaishnav, Daily three meals, entertainment and various divine Manorath Darshan of Shrinathji and accommodation.

Negative result of Covid test, done after September 7, 2020, is required for admission to Vraj during Adhikmas. Stay quarantine at home to prevent infection while waiting for result.

Registration form is not accepted, if any of the following documents is missing for any person going to stay in your room Please check box for documents included for all participants staying in your room.

- This form
- Signed Permission slip
- Copy of Health Insurance
- Medical clearance form completed and signed by your Physician
- Bring COVID test negative result with you when you come for Adhikmas
- Donation:

By Check: in the amount of \$ \_\_\_\_\_ . Please make a check, payable to Vraj.

OR

By Credit Card:  VISA  Master Card  \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Number \_\_\_\_\_

Card Holder name: \_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail all five documents together to:  
**Bhavana Shah,**  
**940 E LINCOLN AVE, PISCATAWAY, NJ 08854**  
**Email Address: bhavanahreshshah@yahoo.com**

<p>For Office use only:</p> <p>Paid by Check # _____ Paid by Credit Card: _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Application is complete.</li> <li><input type="checkbox"/> Following forms are missing.</li> <li><input type="checkbox"/> Registration form</li> <li><input type="checkbox"/> Signed Permission slip for participant _____</li> <li><input type="checkbox"/> Copy of Health Insurance slip for participant _____</li> <li><input type="checkbox"/> Medical clearance form completed and signed by your Physician for participant _____</li> </ul>
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