

APPLICATION FORM FOR 2010 INDIA AYURVEDA

December 18th - 27, 2010

Please complete a separate form for each applicant, and include a passport photo with each application. To ensure that your application is processed in a timely manner, please fill out the entire form in legible print.

Name: _____

Mailing Address: _____

City, State, Zip, Country: _____

Email: _____

Phone: _____ Age: _____ Gender: M F

What is your current occupation? _____

Why do you want to learn Ayurveda? _____

How long have you been practicing Ayurveda? _____ years _____ months

Your name as you wish it to appear on your name badge: _____

Your roommate preference: _____

Training Fees:

\$ 1001.00 (includes room, board and Ayurveda ingredients)

I would like to pay the amount of \$ _____ by:

Check or Money Order (payable to SMVA Trust) Mastercard Visa American Express

Credit card #: _____ Exp. Date: _____ Security Code _____
(last 3 or 4 digits on back panel)

Billing Address: _____

City, State and Zip, Country: _____

Cardholder's Name: _____

Signature: _____ Date: _____

All applicants must sign below to register for this retreat. I understand that I am attending the Sri Karunamayi Ayurveda Retreat in India of my own free will and by signing this form I waive all my rights to legally hold SMVA Trust responsible for any liability from injury, loss or damages during the retreat and while traveling to and from the retreat. Any requests for cancellation must be in writing and received two weeks prior to the start of the retreat. Refunds will have a processing fee of \$25.

Signature: _____ Date: _____

Please scan and email this form or any questions to: communication@karunamayi.org



AMMA
SRI KARUNAMAYI
www.karunamayi.org

Please attach a
2x2 photo here