

# APPLICATION FORM FOR 2010 INDIA RETREATS

December 6 - 17, 2010

Session #1: December 6 - 11

Session #2: December 12 - 17

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

How long have you been meditating? \_\_\_\_\_

How long can you sit in a meditation session? \_\_\_\_\_

Previous Sri Karunamayi retreats attended and dates \_\_\_\_\_

**Please attach a  
2x2 photo here**

Please indicate Chakra Meditation Retreats you've attended:

- Muladhara (1)     Swadhishtana (2)     Manipura (3)     Anahata (4)  
 Visuddhi (5)     Ajna (6)     Sahasrara (7)

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

Your roommate preference: \_\_\_\_\_

## Retreat Fees:

Session #1 or  Session #2: \$ 333 (includes room and board only)

Session #1 and Session #2: \$ 666 (includes room and board only)

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 Silent Meditation 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](mailto:communication@karunamayi.org)

Or call (630) 461-5318

