



# REGISTRATION FORM

**Vraj Adult Retreat**  
(Dates: 08/19/2018 – 08/26/2018)  
(One form per camper)



Camper Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (31+) Gender: \_\_\_\_\_

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

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

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

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

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

T-Shirt Size: S M L XL XXL (Please circle one)

Emergency Contact (Name): \_\_\_\_\_ Relation to camper: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Attendant (Camper)

\_\_\_\_\_  
Date

Please mail all five documents together to: **Mallika Patel, 5 Christy Lane, Ocean, NJ 07712**

Registration form is not accepted, if any document is missing.

Please check box for document included:

- This form
- Signed Permission slip
- Copy of Health Insurance
- Completed Medical clearance form
- Donation in the amount of \$ 351.00 by check, per camper, is payable to Vraj

Donation for Private room \$1404, if available. Non-registered people are not allowed in any camper room.

(Optional) I would like to share room with: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (Four campers in room)

Important: Vraj Mandir does not accept any forms or do not take names.