

Vraj and its volunteers Invites all

Adults 31 and older male or female, physically independent, able to walk at least half a mile every day are welcome to experience

Spiritually Uplifting, Exciting & Stimulating seven days at

VRAJ ADULT CAMP - 2017

Saturday June 03 - Saturday June 10, 2017

Shriji Darshan, ShriYamunaji Aarati, Vraj Parikrama, Spiritual Talks, Debates, Q/A sessions, Yoga/Meditation, Satsang, Art & Craft Workshops, Indoor Games, Outing, Raas-Garba Delicious Meals, Comfortable Accommodation



Donation: \$ 351.00

Registration form and tentative program is attached. Please fill up the form and mail it with Doctors Medical clearance and Required documents to Address provided.

You may request to share room with other campers.

You may request private room.
Only registered campers are allowed to be in other campers rooms.

Forms are not collected at Vraj

For further information please email to Mallika Patel at

<u>Mallikampatel29@gmail.com</u> or <u>mcmmpatel@gmail.com</u>



REGISTRATION FORM



Vraj Adult Retreat (Camp)

(Dates: 6/03/2017 to 6/10/2017) (One form per camper)

| Camper Name: Last Name | ne First Name | | | Middle Name |
|---|-----------------------------------|--------------------|-------------|-------------------------|
| Date of Birth: | | Age: | (31+) | Gender: |
| Home address: | City: | | State: | Zip: |
| Email address: | | | | |
| Phone Number - Home: (_ |)Cell I | Phone Number: (|) | |
| Health Insurance Informati | ion: Health Plan: | I.D. | # | - 2 |
| Subscrib | er Name: | G | roup# | |
| T-Shirt Size: S M L | XL XXL (Please circle on | e) | | |
| Emergency Contact (Name | e): | Rela | tion to can | nper: |
| Home Phone | e: () | Cell: ()_ | | |
| Signature o | f Attendant (Camper) | | D | ate |
| Please mail all five docume | ents together to: Mallika Patel | , 5 Christy Lane | e, Ocean, | NJ 07712 |
| Please check box for docum This form Signed Permission Copy of Health Inst Completed Medical | slip urance | ~ | ble to Vraj | |
| Donation for Private room \$ room. | \$1404, if available. Non-registo | ered people are no | ot allowed | in any camper |
| (Optional) I would like to sh | nare room with: (1) | | | |
| (2) | (3) | = | | _ (Four campers in room |

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



VRAJ Adult Retreat, 2017 Medical Clearance Form (This form is to be completed by Physician) (To be submitted with registration form)

| Name: | DOB: | | | | |
|--|-----------------|---------------------------------------|------------------------|--|--|
| Diagnosis | | | | | |
| Allergy to Food or Medicine: | | | | | |
| Name of medication | | | | | |
| ************************************** | | | | | |
| Length of time and frequency of dosage: | - | · · · · · · · · · · · · · · · · · · · | | | |
| Does he/she need to carry any emergency medicine? YesNo if yes please explain | | | | | |
| de la companya de la | | | | | |
| Are there any restrictions? Yes No If yes what and for how long? | | | | | |
| | | 5102.00 | | | |
| 4 | | | | | |
| I understand that Vraj adult retreat is loca Medically trained person is available at Vi | ted in rural ar | ea of Pennsyl | vania and there is no | | |
| I certify that he/she is medically stable and During retreat. | | to participate | in physical activities | | |
| Daning rouseau | | | | | |
| Extra notes: | | | | | |
| | | | | | |
|). | | | | | |
| Printed Name of Physician | Signature o | of Physician | Date | | |
| Emergency Contact number: | | Office Stamp | | | |
| | | | | | |
| | | | | | |



Vraj Adult RETREAT 2017

Consent and Permission slip

| Iconse | nt to stay at Vraj Camp during | | | |
|---|--------------------------------|--|--|--|
| adult retreat for the period indicated on registration form. I understand that I have to stay with campers during all activ any activity, unless I am sick. I am not allowed to go to Vraj I Camp director. | | | | |
| I understand that this gathering is very informal family type of gathering, and that the institution does not assume any legal responsibility of the attendee. I hereby release PMVS and its associates, workers and volunteers of any liability arising from any accidents or injuries that may occur to me while attending the gathering. I grant permission to give all necessary treatment or urgent care to me, if I am unconscious or not capable of making decision. I understand that I am liable for full payment of all medical and related expenses during my stay at Vraj. Vraj is not liable for payment of any medical and/or any other expenses. | | | | |
| Vraj facilities may have been used for food preparation with p and wheat. Vraj will not be able to provide quarantined facility specific dietary requirements. | | | | |
| I understand that Vraj facility is located in rural are of Wayne Township, PA. In case of emergency it may take up to 45 minutes to reach to Hospital after calling 911. Even though Vaishnavs with severe food allergies may be trained to administer Epipen, may not reach Hospital in less than 45 minutes. I understand that Vraj volunteers are not liable if they are not able to provide adequate life saving First-aid service while waiting for 911 to respond. | | | | |
| I understand that medically trained person is not available at my health issue and able to take regular and emergency medi | | | | |
| Adult retreat committee may decline my registration based on deems to be concerned about well-being of my self. | review of documents and | | | |
| I am physically independent for daily activity and capable t with out difficulty. I am able to climb stairs. | o walk around in Vraj Campus | | | |
| Donation per private room is \$ 1404, if available. I understart are not allowed in any Camper rooms. Maximum four register | | | | |
| room. | Sincerely, | | | |
| Date: - 2017 | Signature | | | |

VRAJ ADULT CAMP 2017 DAILY SCHEDULE (Tentative)

| ACTIVITY | TIME | LOCATION/TASK(S) |
|--|--------------------------------|--|
| ACTIVITY WAKE UP | 6:00AM | LOCATION/TASIX(S) |
| WAKE OI | 0.0073171 | |
| STRECHING EXERCISE | 6:45AM – 6:55AM | CAMP GROUND |
| | | |
| VRAJ PARIKRAMA | 6:55AM – 7:15AM | VRAJ, GIRIRAJJI, YAMUNAJI |
| 77137737147147 | 7.15.13.5 7.00.43.5 | LUGD AN COLLAR |
| YAMUNAJI ARTI | 7:15AM – 7:20 AM | VISRAM GHAT |
| DARSHAN | 7:30AM – 7:45AM | HAVELI |
| Brittonniv | 7.5071111 | THE VERSI |
| YOGA /MEDITATION | 7:45AM – 8:30AM | SATSANG HALL, HAVELI |
| | | |
| BREAKFAST | 8.30AM - 9.00AM | CAFETERIA / KRISHNA KRIPA HALL |
| | | |
| | GET READY TIME 9: | $00\Delta M = 10.25\Delta M$ |
| | GET READT TIME 9. | 00AM = 10.25AM |
| LECTURE / DISCUSSION | 10:30AM-12:30AM | SATSANG HALL, HAVELI |
| | | |
| D I DOLL IN | 10.0013.6.01.0073.6 | *********** |
| DARSHAN | 12:30AM-01:00PM | HAVELI |
| | | |
| LUNCH | 1.00PM-1:30PM | ANUGRAH (RAJBHOG PRASAD) |
| | | |
| | | |
| | FREE TIME 1:30 | DN4 2.20DN4 |
| | FREE TIME 1.50 | PIVI-3.30PIVI |
| AFTERNOON ACTIVITY I | 3:30PM-5:00PM | KRISHNA KRIPA HALL / |
| (ART & CRAFT, GAMES, READING, | | GOVIND KRIPA HALL |
| OUTING) | | |
| | | |
| TEA TIME | 5:00PM - 5:30PM | KRISHNA KRIPA KITCHEN |
| A ETERNIOON A OTHUTAL II | 5.20DM 6.20DM | VDICIDIA VDIDA HALL |
| AFTERNOON ACTIVITY II (SPORTS, OPEN FORUM, READING, | 5:30PM-6:30PM | KRISHNA KRIPA HALL / GOVIND KRIPA HALL |
| OUTING) | | |
| DARGUANI | C.20DM (7.00DM | TIANTELL |
| DARSHAN | 6:30PM-7:00PM | HAVELI |
| YAMUNAJI ARTI | 7:15PM | VISRAM GHAT |
| and the second s | tropres en (0.0000) e (0.0000) | The Annual Contract C |
| DINNER | 7:30PM-8:30PM | ANUGRAH |
| | | |
| CAMP FIRE, SATSANG | 8.30PM-10:30PM | KRISHNA KRIPA HALL |
| (Raas, Garba, Dance) | | |
| SNACKS | 10:30PM | KRISHNA KRIPA HALL |
| DIVACED | 10.307101 | KINDINA KAIFA DALL |
| LIGHTS OFF FOR EVERY | 11.00PM-6.00AM | |
| BODY | | |
| cans, adopter 5000 | | |
| | | |