



VRAJ ADULT RETREAT – 2019

Saturday June 15 – Saturday June 22, 2019

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

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.**



For more information
Please email to
Mallika Patel at

Mallikampatel29@gmail.com

or

mcmmpatel@gmail.com

Forms are not collected at Vraj

VRAJ ADULT RETREAT 2019
DAILY SCHEDULE (Tentative)

ACTIVITY	TIME	LOCATION/TASK(S)
WAKE UP	6:00AM	
STRECHING EXERCISE	6:45AM – 6:55AM	CAMP GROUND
VRAJ PARIKRAMA	6:55AM – 7:15AM	VRAJ, GIRIRAJJI, YAMUNAJI
YAMUNAJI ARTI	7:15AM – 7:20 AM	VISRAM GHAT
DARSHAN	7:30AM – 7:45AM	HAVELI
YOGA /MEDITATION	7:45AM – 8:30AM	SATSANG HALL, HAVELI
BREAKFAST	8.30AM - 9.00AM	CAFETERIA / KRISHNA KRIPA HALL
GET READY TIME 9:00AM – 10:25AM		
LECTURE / DISCUSSION	10:30AM-12:30AM	SATSANG HALL, HAVELI
DARSHAN	12:30AM-01:00PM	HAVELI
LUNCH	1.00PM-1:30PM	ANUGRAH (RAJBHOG PRASAD)
FREE TIME 1:30PM-3:30PM		
AFTERNOON ACTIVITY I (ART & CRAFT, GAMES, READING, OUTING)	3:30PM-5:00PM	KRISHNA KRIPA HALL / GOVIND KRIPA HALL
TEA TIME	5:00PM – 5:30PM	KRISHNA KRIPA KITCHEN
AFTERNOON ACTIVITY II (SPORTS, OPEN FORUM, READING, OUTING)	5:30PM-6:30PM	KRISHNA KRIPA HALL / GOVIND KRIPA HALL
DARSHAN	6:30PM-7:00PM	HAVELI
YAMUNAJI ARTI	7:15PM	VISRAM GHAT
DINNER	7:30PM-8:30PM	ANUGRAH
CAMP FIRE,SATSANG (Raas, Garba ,Dance)	8.30PM-10:30PM	KRISHNA KRIPA HALL
SNACKS	10:30PM	KRISHNA KRIPA HALL
LIGHTS OFF FOR EVERY BODY	11.00PM-6.00AM	



REGISTRATION FORM

Vraj Adult Retreat
(Dates: 06/15/2019 – 06/22/2019)
(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.



Vraj Adult Retreat 2019

Consent and Permission slip



I _____ consent 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 activities. I am not allowed to cut any activity, unless I am sick. I am not allowed to go to Vraj Mandir with out permission of 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 peanuts, tree nuts, soy, milk and wheat. Vraj will not be able to provide quarantined facility or meals to Vaishnavs with 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 Vraj. I am able to take care of my health issue and able to take regular and emergency medicine without any assistance.

Adult retreat committee may decline my registration based on review of documents and deems to be concerned about well-being of my self.

I am physically independent for daily activity and capable to walk around in Vraj Campus with out difficulty. I am able to climb stairs.

Donation per private room is \$ 1404, if available. I understand that persons not registered in camp are not allowed in any Camper rooms. Maximum four registered campers are allowed in any room.

Sincerely,

Date: - 2019

Signature



**2019 VRAJ Adult Retreat
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? Yes _____ No _____ if yes please explain

Are there any restrictions? Yes _____ No _____. If yes what and for how long?

I understand that Vraj adult retreat is located in rural area of Pennsylvania and there is no Medically trained person is available at Vraj.
I certify that he/she is medically stable and physically fit to participate in physical activities During retreat.

Extra notes: _____

Printed Name of Physician

Signature of Physician

Date

Emergency Contact number: _____

Office Stamp