



Reference # _____

Sri Karunamayi
2009 ATLANTA YOGA RETREAT REGISTRATION
July 3-5, 2009

Name _____ Male _____ Female _____
(One applicant per form)

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

All applications must sign to the right to register for this retreat.
By signing, I waive all my rights to legally hold SMVA Trust, Inc.
and/or the retreat facility responsible for any injury or damages.

(Please sign above)

Please check the dates you will attend:

- Friday, July 3 Saturday, July 4 Sunday, July 5

Suggested donation: \$300 (all 3 days-recommended for continuity); \$200 (2 days); \$100 (1 day)

I would like to pay the registration fee of \$ _____ by

- Check/Money Order (payable to SRIM Center) the following credit card

- MasterCard VISA American Express

Credit Card # _____ Exp. Date _____ Today's Date _____

Billing Address _____ City _____ State _____ Zip _____

Cardholder's Name _____ Signature _____

LOCATION

The Hindu Temple of Atlanta
5851 GA HWY 85
Riverdale, GA 30274

Meals included in registration but NOT accommodation. Please refer to <http://srimcenter.org> for accommodation suggestions close to the temple

For more information

Email: Atlanta@Karunamayi.org
Ph: (678) 380-5477

Mail completed registration form to:

Devi Lakshmanan (devi257@yahoo.com)
2264 Marshes Glenn Drive
Norcross, GA 30071
FAX: 678-380-5477