

REGISTRATION FORM

You are registered when you send us this completed form, along with your payment in full, or a deposit. A non-refundable deposit of \$100.00 for each adult and \$50.00 for each youth & child will hold your reservation until June 15th, when payment is due in full.

This Sahavas program is not designed to yield any profit for the Avatar Meher Baba Center of Southern California.

We will then either mail or email your receipt to you.

Make checks payable to **SAHAVAS**, and mail to:
Avatar Meher Baba Center of Southern California
1214 S. Van Ness Ave.
Los Angeles, California, 90019-3520

NOTE: Please write SAHAVAS on your envelope.

First Come, First Served:
While La Casa De Maria Retreat Center is a most comfortable and beautiful retreat site, it has a limited capacity. There are only 150 beds, which limit us to accepting only the first 150 people to register for the Sahavas.

Financial Assistance:
We will be holding a special lottery for several people to come to this year's Sahavas free of charge. This is intended to allow those who **could not otherwise attend** to participate; so please, **apply only if you have no other way to come.**

The deadline for the Lottery application is June 15th.

The lottery is solely funded by donations given specifically for that purpose.

Please fill in the following:

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email required: _____

Names of all those attending, and list the age if younger than 18:

...and please check this box if this will be your first Sahavas

	Gender: _____	Age: _____	<input type="checkbox"/>
	Gender: _____	Age: _____	<input type="checkbox"/>
	Gender: _____	Age: _____	<input type="checkbox"/>
	Gender: _____	Age: _____	<input type="checkbox"/>
	Gender: _____	Age: _____	<input type="checkbox"/>

How much will it cost?

	Number of Persons	Payment in full	Deposit Plan <small>(First Come, First Served)</small>	Sub-total
Adults (13 and over)	X	\$299.00	=	
Youth (8-12)	X	\$199.00 – or –	=	
Children (3-7)	X	\$169.00 – or –	=	
Toddlers(1-2)	X	\$160.00* – or –	=	

***Charge for Toddlers is with bed provided—if you bring your own bedding for your toddler there is no charge.**

I would like to sponsor someone who can't afford the requested donation.
Enclosed is \$_____ for this purpose.

Total Enclosed: _____

Visa/MasterCard/Number: _____ Expires: _____

Name on Card: _____

For those paying with a credit card, you may fax your registration form to: 888-870-7823
ANY QUESTIONS ABOUT ANYTHING? Call Mahoo at (310) 544-8754 or Email: MahooBaba@gmail.com

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Page 2

Roomate Preferences

Write the name of each registrant in the spaces provided to the right, then check the boxes that apply. A checked box means "yes," a blank box means "no," or "not applicable."

Each room comes with 3 real beds plus private bathroom, sheets, blankets, pillows and towels.

NOTE: Parents of toddlers (1-2 yrs. old) may provide separate bedding OR Retreat Center will provide a bed, for an extra fee.

	Name:	Name:	Name:	Name:	Name:
If you have no preferences, please check here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you snore loudly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you prefer that there be no children in your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you rather that your roommate preferences take precedence over the above? (There is space at the bottom of this sheet to list roommates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to provide family rooms for families of three (plus one toddler with bedding provided by the parents). Would you prefer to be with your family in a family room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participation

VOLUNTEER HELP: Would you like more information about ways you can participate in Baba's work at the Sahavas?

ENTERTAINMENT: Please let us know if you have an interest in performing...what do you have in mind?

Special Needs

MEDICAL NEED: Does anyone in your party require special assistance or have any special needs? Please let us know in advance by writing in the "Notes" section below.

TRANSPORTATION: We can help you get to the Retreat Center if you fly into Los Angeles International Airport; other help may also be available.

DIETARY NEED: Please check if applicable:

REGULAR DIET:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VEGETARIAN DIET:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VEGAN DIET:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICALLY RESTRICTED DIET:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-RED MEAT DIET:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

Fill in the blanks with more detail for any of the items above: roommate preferences (i.e. Dudley with Horatio, or Blanche with Mary Sue); entertainment; medical or health needs, or areas in Sahavas work for which you'd like to volunteer.
