

# SADHU VASWANI CENTER

REP. OF PANAMA

## 6th SADHANA CAMP

May 27-29, 2022

### REGISTRATION FORM

My particulars are as follows:

FULL NAME: \_\_\_\_\_ AGE \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

MOBILE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAMES OF ADDITIONAL MEMBERS:

1. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATION \_\_\_\_\_

2. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATION \_\_\_\_\_

3. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATION \_\_\_\_\_

4. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATION \_\_\_\_\_

Occupancy(single/double/triple/quadruple) \_\_\_\_\_

SPECIAL REQUEST: \_\_\_\_\_

*To take full advantage of this golden opportunity and make our journey on the spiritual path more fruitful and fulfilling, I agree to sincerely abide by the enclosed mentioned instructions and disciplines of the Sadhu Vaswani Sadhana Camp.*

Signature: \_\_\_\_\_