

Ref	ference #	<u> </u>
Dat	te Rec'd	•
Via:	□ Mail	□ In-person
	□ Wa	lk-in

## Amma Sri Karunamayi

## SEATTLE SARASWATI MANTRA DIKSHA (APRIL 26, 2024) PAYMENT FORM

Name of Student:		
Contact Phone:	Email:	
Payment: I would like to pay the registratio	<b>n fee of <u>\$108</u></b> by	
☐ Check/Money Order (payable to SMVA	Trust)	☐ credit card (in person)
Terms and Conditions:		
☐ Online Registration  I understand that online registration with st registration on (date		cory. I completed my online
☐ Cancellation/Refund Policy I understand that if I cancel my registration \$15 cancellation fee. There will be no refur right to cancel my registration at any time	nds after this date. I also unders	
☐ Waiver Policy  I waive all my rights to legally hold SMVA or damages incurred while attending the ev		cility responsible for any injury, los
Student or Parent (if student is a minor) must By signing below, I agree to the above terms		ign here in order to participate.
(Please sign above)		
<b>Mail</b> completed form with your check/money o	order to:	
Usha Amancharla	Conto	act:
4718 143rd St SE	Usha	Amancharla
Snohomish, WA - 98296	(425)	750-5718
	seattl	e@karunamayi.org

Or bring your form with cash/check/card to pay at the venue