

SIDDHA YOGA MEDITATION ASHRAM in OAKLAND

Registration Form and FAX Transmittal

TO REGISTER

Please use this form, printing clearly on both pages. To apply for an extended stay of more than one week, please contact the Resident Administrator at (510) 898-2700 ext. 3737 before submitting this registration form.

Name _____
(last) (first) (spiritual)

Street _____

City _____ State _____ Zip Code _____

Occupation _____ Day/Evening Phone _____

FAX _____ Email _____

May we send you the Oakland SYDA monthly newsletter/calendar and updates to your email address? Yes No

Male Female Birth Date _____

In an emergency, please contact: _____
(name) (relationship) (phone)

INTENSIVES

Please specify your choice of Intensives by date and name.

Intensive	Date(s)	Price
_____	_____	_____
_____	_____	_____

When did you begin practicing Siddha Yoga? _____ (month/year)

COURSES, RETREATS AND WORKSHOPS

Please specify your choice of course or retreat by date and name.

Course/Retreat	Date(s)	Price
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that lunch will be available for purchase during full day courses or Intensives.

Accommodations in the Ashram are accommodations in a monastery as defined in the Oakland Municipal Code.

ASHRAM ACCOMMODATIONS

Please indicate your first room choice with a "1" and your second choice with a "2". Your preferences will be accommodated whenever possible, though space in the Ashram is limited. Please note that unmarried couples are accommodated in separate rooms. Check out time is noon.

_____ Dorm _____ Family room _____ Double room _____ Single _____

Do you snore? Yes No

Arrival Date / Arrival Time* _____

Departure Date / Departure Time* _____

*Ashram doors are locked from Monday through Friday from 9:30 am - 11:30 am and 2:00 - 5:00 pm; and Monday night through Saturday morning from 8:00 pm to 5:30 am. They are also locked from 10:00 pm Saturday night to 5:30 am Sunday, and 2:00 pm Sunday to 5:30 am Monday. No one will be admitted during these times. Please list any other family members coming with you who have not sent a separate registration form:

_____ (name) (birth date) (relationship)

_____ (name) (birth date) (relationship)

Special needs? _____

NOTE: To support special needs such as infant care, hearing impaired, or translation, we require at least two weeks advance notice.

SEVA

All guests at the ashram participate in the practice of gurusewa at least 2 hours per day. Guests visit the Seva Center after they've checked in, in order to receive a seva assignment.

PAYMENT

Please include full payment for Intensives, accommodations, courses, retreats and workshops with your reservation.

Accommodations \$ _____

Intensives \$ _____

Courses, Retreats and Workshop \$ _____

Total Enclosed \$ _____

Money order or cashier's check or personal check in US DOLLARS ONLY

MasterCard, VISA, or Discover

Name on credit card _____

Credit Card # _____ Expiration Date _____

Person(s) included in payment other than cardholder _____

Signature of Credit Cardholder _____ Date _____

If paying by Mastercard, VISA or Discover Card, you may fax your completed registration form to (510) 898-2799. Reservations made by credit card will be charged in full upon receipt.

You may drop this form with your payment into the drop slot at the Registration counter any time the ashram is open. Or you may send this form with your payment to Registration, SYDA Foundation, 1107 Stanford Avenue, Oakland, CA 94608. Please remember to allow for mail delivery and processing time.