



Spring Sahavas

FRIDAY, May 22nd through MONDAY, May 25th, 2026

REGISTRATION FORM

We invite you to register by filling out this form and returning it with your payment and signed Liability Statement. Please check your arrival day & enter number of meals on the bottom of the liability statement! We look forward to seeing you!

NAME	COST	Meherana TENT	Meherana FUTON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Please add \$12.50 for the use of a Meherana tent for the weekend. That fee is per tent, not per person. Futons are \$7.50 each. If you bring your own tents and futons there is no charge.

Please register early so we can plan for food and other supplies. *Thank you.*

CHILDREN

_____	AGE _____
_____	AGE _____
_____	AGE _____

AGE	By May15th	After May 15th
25+	\$190	\$210
18-24	\$145	\$160
3-17	\$80	\$90
Under 3	free	free
Tent-\$12.50	Futon-\$7.50	

ADDRESS

PHONE: _____ EMAIL: _____

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

TOTAL REGISTRATION \$ _____

MAIL or EMAIL YOUR REGISTRATION TO:

mail: Meherana, P.O. Box 1997, Mariposa, CA 95338 **email:** programs@meherana.org

Please make your check payable to **Meherana** or fill in the info below to pay by credit card:

CARD# _____

Expiration: _____ Security Code: _____

Billing Zip Code: _____

SIGNATURE: _____

Sahavas questions?
email: programs@meherana.org

Paypal: Enter donations@meherana.org and the funds will come to Meherana

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LIABILITY STATEMENT

I /we agree to release and hold Meherana, Inc. harmless from any and all liability in the event of an accident. All persons using the premises assume the risk of injury to themselves and/or their children. I /we further agree to indemnify Meherana for any attorney fees and/or costs involved in defending itself from any actions for injury occurring on the premises. I grant Meherana, Inc. permission to act in whatever way necessary to care for me and/or my children in case of emergency, including permission for me and/or my children to receive medical treatment. Please Note: All attendees must be listed under registration. All attendees 18+ must sign below. Attendees under 18 must have the signature of a parent or legal guardian.

Signature of Attendee or Responsible Party

Date

Signature of Attendee or Responsible Party

Date

Signature of Attendee or Responsible Party

Date

Signature of Attendee or Responsible Party

Date

SPECIAL MEDICAL or other needs : _____

Need electricity for medical equip. (bring battery back-up). If we are unable to grant your request, we will email you.

MEALS

Vegetarian Meals Vegan Non-Vegetarian Meals Gluten Free

Please indicate when you will arrive and what meals you will have Thank you!

I/We will arrive: _____

MEALS: Friday # for afternoon tea _____ Fri. # for dinner _____

Saturday # for breakfast _____ Sat. # for lunch _____ Sat. # for dinner _____

Sunday # for breakfast _____ Sunday # for lunch _____ Sunday # for dinner _____

Monday # for breakfast _____

Jai Baba!