

Please complete this form for each program or work party you want to attend and mail it to Indralaya, 360 Indralaya Road, Eastsound WA 98245 or fax to 360-376-5977. You may also register online at www.indralaya.org. Questions? Call 360-376-4526.

Name: _____ Phone: _____
Street: _____ Email: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Name of Program or Work Party You are Registering For: _____

Are you a member of the Theosophical Society? yes no (Friends and Members
Are you a member of the Friends of Indralaya? yes no receive a 5% discount.)

Please see the reverse side for information on fees, lodging, deposits, daily staff, travel information and camp life.

Arrival Date: ___/___/___ Departure Date: ___/___/___ All programs begin with dinner.

Names of those registering: _____ (circle)
_____ M or F Age if under 25 ___
_____ M or F Age if under 25 ___
_____ M or F Age if under 25 ___
_____ M or F Age if under 25 ___

Housing Preference: (Please indicate first and second preferences.)
Plumbing Cabin ___ Round House ___ Sleeping Cabin ___ Tent ___
RVs, Trailers ___ Local Resident/Day Visitor ___ Work Party ___

Will you be renting bedding? ___ (\$15 per bed. Supplies are limited. Please bring your own bedding if possible.)
Do you want a ferry pickup? ___ Boat arrival time: ___ Or will call: ___ (Prior arrangement required for pickup.)
Are you interested in sharing a ride? Yes No I can drive

Do you want to help on daily staff? (\$30 per day discount): _____
If registering for more than one person, please list those wanting to be on daily staff: _____

Please enclose a deposit of \$35 per person per program.

Program deposit \$35 x ___ people = \$ _____ **There is no deposit for work parties.**
Added gift to help sustain Indralaya \$ _____
Total: \$ _____

Payment may be made by check or credit card. Please make checks payable to the Orcas Island Foundation.

Visa or MasterCard Card # _____ Exp: (month/year) _____

Please include the Card Security Code (CSC) found on the back of your card _____

Signature _____

Please provide any information that will help us improve your stay (food issues, accommodations, roommate preferences, and so forth.)