

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 register online at [www.indralaya.org](http://www.indralaya.org). Questions? Call 360-376-4526 or email: [indralaya@indralaya.org](mailto:indralaya@indralaya.org)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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

Please see [www.indralaya.org](http://www.indralaya.org) for information on fees, lodging, deposits, daily staff, travel information and camp life.

Name of Program or Work Party You are Registering For: \_\_\_\_\_  
 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 \_\_\_  
 Local Resident/Day Visitor \_\_\_ RV, Trailer \_\_\_ Work Party \_\_\_  
 Will you be renting bedding? \_\_\_ (\$20 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? (\$25 per day discount): \_\_\_\_\_  
 If registering for more than one person, please list those wanting to be on daily staff: \_\_\_\_\_  
 \_\_\_\_\_

Please enclose a deposit of \$70 per person per program.  
 Program deposit \$70 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) \_\_\_\_\_  
 Signature \_\_\_\_\_

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