

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.

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 Friends of Indralaya?  yes  no (Friends and Members  
Are you a member of the Theosophical Society?  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 \_\_\_  
Local Resident/Day Visitor \_\_\_ RV, Trailer \_\_\_ 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? (\$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 \$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 additional information that will help us improve your stay (food issues, accommodations, roommate preferences, and so forth.)

**Please read the daily camp life sections of the catalog for further information.**