



Registration Form
Jewel Heart Pilgrimage to
Bodhgaya, India
Dec. 27, 2019- Jan. 5, 2020

Name: _____
Last name First name Middle initial

Address for correspondence: _____

Phone: _____
Country code Land Line Mobile

Fax: _____ **Email:** _____

PASSPORT INFORMATION:

Nationality: _____ Name as on passport: _____

Passport number: _____ Place of Issue: _____

Valid from: _____ to _____

VISA INFORMATION:*

India Visa Number: _____ Valid from: _____ to _____

*If you have not applied for your India Visa, please do so as soon as possible.

HOSPITALITY INFORMATION:

English: Yes No Preferred language:

DIETARY INFORMATION:

Vegetarian Non Vegetarian Do you have any special dietary requirements, if yes, please specify

SPECIAL ASSISTANCE:

Please indicate if you require any special assistance (e.g., wheelchair access)

EMERGENCY CONTACT:

_____ name phone number relationship

TRAVEL AND MEDICAL INSURANCE:

Please make sure that you have secured your individual Travel/Medical Insurance.

IMMUNIZATION INFORMATION:

Please see your doctor 6 weeks in advance for any vaccines they might require for travel to India.

There are mosquitoes; please ask your doctor to give you a prescription for medicine to prevent malaria. Another common illness one can get is diarrhea, so you should bring some electrolytes.

Please bring Iodine tablets and portable water filters to purify water when bottled water is not available. Also bring sunblock and sunglasses for protection from harmful effects of UV sun rays.

My signature on this form indicates my agreement with the policy stated above.

Authorized Signature

Participant Signature

Jewel Heart

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