**Registration Form**

**Jewel Heart Pilgrimage/ Teachings in Mundgod, South India**

***Nov. 25, 2022- Dec.11, 2022***

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**

Last name First name Middle initial

**Address for correspondence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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

**COVID VACCINE AND PROOF: Please be prepared to provide proof that you are fully vaccinated for Covid-19 and have received the booster(s) (Pfizer, Moderna or Johnson and Johnson) in time for the vaccines and booster to be fully effective. By registering for this trip you are certifying that you have these vaccines and boosters or will have them as described prior to departure. Also please note that Jewel Heart is monitoring the Covid 19 situation carefully and it is possible, based on CDC recommendations or other changing conditions, that Jewel Heart and or international travel authorities will require an additional booster or vaccine for travel.**

**TRAVEL AND MEDICAL INSURANCE:**

Please make sure that you have secured your individual Travel/Medical Insurance- including for disruption due to COVID. Jewel Heart will not be responsible for any travel or medical costs and or losses. This is your individual responsibility

**PROTECTED AREA PERMIT (PAP):**

It has been the policy of the Government of India that all Foreigners visiting the Tibetan Settlements/Camps should seek prior permission of the Ministry of Home Affairs for visiting Tibetan Settlements. Applicants need to apply at least 3 (three) months from the date when the application is lodged at the Ministry of Home Affairs, Govt of India. Here is the link to file a PAP application: https://papvt.mha.gov.in

**Important**: The teaching/trip will be cancelled if: 1) fewer than 10 people sign up, 2) Dagyab Rinpoche cancels his program, 3) Covid-19 restrictions change or 4) other unforeseeable circumstances occur. We will keep you informed of any changes.

**ADDITIONAL IMMUNIZATIONS INFORMATION:**

Please see your doctor 6 weeks in advance for any additional vaccines that are required for travel to India.

There are mosquitoes; please ask your doctor to give you a prescription for medicine to prevent malaria.

Another common illness is diarrhea, so you should bring some electrolytes or other anti-diarrheal remedies.

Please bring Iodine tablets and portable water filters to purify water if bottled water is not available.

Also bring sunblock, sunglasses and other protection from UV sun rays.

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

Print Name. Participant Signature

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Jewel Heart

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