

**Pre-registration Form for participating in Lord's Darshan and Abhiseka  
at the Arsha Vidya Gurukulam**

Do we have your mailing address if Yes, then please provide us your name, email and telephone number. If not, please sign-in

**No of Visitor / s:**.....

**Date of Visit:**.....

**Name:**

**First**.....**Last**.....

**Address:**.....

**City**..... **State**..... **Zip**.....

**E-mail:**.....**Initial:**.....

**Preferred Tel. No Mobile / landline**.....

Thank you for your visit.