

Om Gam Ganapataye Namaha
Vakratunda Mahaakaaya Suryakoti Samprabhaa.
Nirvighnam Kurumedeva Sarvakaaryeshu Sarvadaa..

Shubh Lagna Sanyog

Registration No.: _____ Date: _____

*Name(Last, First): _____

City , State (in US): _____

Date of Birth: _____ *Age: _____ *Gender: _____

*Mother Tongue: _____ Gotram: _____ Birth Star: _____

*State in India: _____ Country if other than India: _____

*Marital Status: _____ Vegetarian / Non Veg.: _____

Occupation: _____ Visa: _____

*Qualification: _____

Contact Phone Home: _____ Cell: _____

*Email: _____

*Registered By:	
Name:	Signature:

I here by stipulate that I am sharing my information willingly. I do hereby forever release and discharge all organizers or participants form any legal litigation.

I understand that all Shubh Lagna Sanyog Services has an annual donation of USD\$ 11/- per registration only involved with this.

The information shared will not be used for any commercial purposes.

Note:

* Required Fields

I have received the liability disclosure and agree to abide by it.

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