

# ***Maharishi Yagya Program Request Worksheet***

## Required Information for: "Application for Another Person"

Before you begin the online application, print this worksheet and gather the information for all mandatory fields. The online application must be completed in one sitting. You cannot save information and come back to finish it later.

Lines followed by an asterisk (\*) are mandatory fields.

### **1. Your contact information.**

Title \*  Dr.  Mr.  Mrs.  Ms.

Your first name \* \_\_\_\_\_

Your last or family name \* \_\_\_\_\_

Country of residence \* \_\_\_\_\_

Your birth date \* Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Email address \* \_\_\_\_\_

Telephone number \* \_\_\_\_\_

Alternate telephone \_\_\_\_\_

Best times to be reached \_\_\_\_\_

### **2. Applicant's personal information.**

Title \*  Dr.  Mr.  Mrs.  Ms.

Applicant's first name \* \_\_\_\_\_

Applicant's last or family name \* \_\_\_\_\_

Country of residence \* \_\_\_\_\_

Applicant's birth date \* Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Mental/Physical health \*

Good

Not good

If not good, explain \_\_\_\_\_

### **3. Has the Applicant's Comprehensive Birth Chart (CBC) been completed? \***

CBC already completed

Have applied for a CBC

Will apply for a CBC now

#### 4. Applicant's preferred dates and location.

Dates desired or Auspicious Times (Muhurtas) received \_\_\_\_\_

Country of stay \* \_\_\_\_\_

Applicant's location during the Yagya performances

City \* \_\_\_\_\_ State \* \_\_\_\_\_

Additional comments \_\_\_\_\_

#### 5. Maharishi Yagya requests.

**Yagya 1** Number: MY- \* \_\_\_\_\_

Category choice \*  A  B  C  D  E  F  G  H

Donation amount (US\$) \* \_\_\_\_\_

**Yagya 2** Number: MY- \* \_\_\_\_\_

Category choice \*  A  B  C  D  E  F  G  H

Donation amount (US\$) \* \_\_\_\_\_

**Yagya 3** Number: MY- \* \_\_\_\_\_

Category choice \*  A  B  C  D  E  F  G  H

Donation amount (US\$) \* \_\_\_\_\_

**Yagya 4** Number: MY- \* \_\_\_\_\_

Category choice \*  A  B  C  D  E  F  G  H

Donation amount (US\$) \* \_\_\_\_\_

**Yagya 5** Number: MY- \* \_\_\_\_\_

Category choice \*  A  B  C  D  E  F  G  H

Donation amount (US\$) \* \_\_\_\_\_

**Yagya 6** Number: MY- \* \_\_\_\_\_

Category choice \*  A  B  C  D  E  F  G  H

Donation amount (US\$) \* \_\_\_\_\_

**Yagya 7** Number: MY- \* \_\_\_\_\_

Category choice \*  A  B  C  D  E  F  G  H

Donation amount (US\$) \* \_\_\_\_\_

---

**6. Total donation amount.**

Total of all Yagyas requested above (US\$) \* \_\_\_\_\_

Donation will be made \*

In a single donation  By multiple donors  By one donor in multiple donations

**7. Third party consent.**

Have you obtained consent from the Applicant to submit their information for the purpose of processing their requests for Maharishi Yagya performances? \*

Yes  No

**8. Review this worksheet and then apply online.**