

# Maharishi Yagya Program Request Worksheet

Required Information for: "Application for a Business or Organization"

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. Organization's founding information.

Organization name \* \_\_\_\_\_

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

Organization's founding date \* Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

CBC already completed

Have applied for a CBC

Will apply for a CBC now

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

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

\_\_\_\_\_

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

Organization'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. Review this worksheet and then apply online.