



LAXMI NARAYAN TEMPLE, JAGAD GURU  
YOGIRAJ KAMALAYANACHARYA SMRITI PEETH

Shree Vaishnav Parishad Harrisburg  
Temple Reservation Form  
6641 Clearfield St, Harrisburg PA, 17111

### Legal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

#### Membership Details:

1. Are you a current member of Shree Vaishnav Parishad Harrisburg?

- A. Dollar a Day  (\$30 Per Month) Must registered for at least 3 years and more.
- B. Lifetime Membership  (\$1000 One Time Donation) [Other: \_\_\_\_\_]
- C. I am not a member, and I would like to register for membership: \_\_\_\_\_ (Specify)

### Reservation Event Details

Types of Events: \_\_\_\_\_ Event Date: \_\_\_\_\_ Time: \_\_\_\_\_

Select Reservation Types	Reservation Types	Total Days	Original Fees	Members Discount	Addon Hall (Uncommon for most)	Addon Hall (Uncommon for most)
	Single Day Events	1	\$ 600	\$ 400	Not Available	Not Available
	Three Days Events	3	\$ 1,800	\$ 1200	Not Available	Not Available
	Eight Days Sri. Vaishnav Puran (Must be approved)	8	\$ 4800	\$ 3200	\$ 2,400 +300 per day	\$ 1600 +200 per day
	Eight Days Puran (Lower Hall)	8	\$ 4800	\$ 3200	Not Available	Not Available

Estimated Number of Attendees: [\_\_\_\_\_]

Equipment or Amenities Needed:  Tables  Chairs  Others: \_\_\_\_\_

### Payment Information

To ensure the protection of our premises, a security deposit is required for all hall rentals: (Read Policy)

Make a separate Security Deposit check payable to: Shree Vaishnav Parishad Harrisburg

SVPH will hold security deposit until your event & refund/discard if there is no policy violation.

- For 1-2-day events:  \$200
- For 3-day events:  \$500
- For 8-day events:  \$1000

Rental Total Amount: \$ \_\_\_\_\_ Rental Payment Type:  Check  Cash  Other: \_\_\_\_\_  
Payment Date: \_\_\_\_\_ Payment Received By: \_\_\_\_\_

### Agreement & Policies

I, \_\_\_\_\_, as the representative of the renting party, hereby acknowledge that I have read and understood the Policy outlined by SVPH and take full responsibility during my reservation period.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SVPH OFFICIAL USE:** The following reservation is  Accepted  Denied.

Comments/ Reason: \_\_\_\_\_

SVPH Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_