

# APPLICATION FOR THE VISIT OF DURGA TEMPLE

(Fill out completely, please Print or Type by each individual in visitor group)

FOR  
OFFICIAL USE  
ONLY

## ALL INFORMATION IS REQUIRED

- Action Requested:**
- |  |   |                          |
|--|---|--------------------------|
| <input type="checkbox"/> Volunteer Work  | <input type="checkbox"/> Visit Start Date _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Survey          | <input type="checkbox"/> Visit Start Time _____ |                          |
| <input type="checkbox"/> Religious Study | <input type="checkbox"/> Visit End Date _____   |                          |
| <input type="checkbox"/> Other           | <input type="checkbox"/> Visit End Time _____   |                          |

APPROVED

Yes [ ] No [ ]

DENIED

Yes [ ] No [ ]

### Action Requested Full Detail & Reason of the visit:

Detail if any:

### Visitor's Information (name must match your government issued ID):

\*Visitor's Name (in print) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\*Number and Street or Route and Box Number (no P.O. Box here) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Drivers License / State ID # \_\_\_\_\_ State: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ \*Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### All school and student visitors must complete followings Section:

School Name \_\_\_\_\_ School Phone \_\_\_\_\_ School Email \_\_\_\_\_

Project Teacher In-Charge Name \_\_\_\_\_ Teacher Phone \_\_\_\_\_

### All Corporate initiated event must complete following section:

Name of the Company \_\_\_\_\_ Address \_\_\_\_\_

Manager/ Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**If this person is a minor**, list the name, address, and phone number of the child's custodial parent or legal guardian:

\_\_\_\_\_

\_\_\_\_\_

I also GIVE / NOT GIVE (checkmark one) permission to receive temple's communication in future.

I STATE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Full Signature of the Visitor \_\_\_\_\_

Date \_\_\_\_\_

Manager/ Person In-charge Name @ Durga Temple (printed) Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Full Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_