

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