Houston Durga Bari Society

13944 Schiller Road, Houston, TX 77082, USA A non-profit 501(c) Tax Exempt Organization – EIN # 76-0508370 Phone: 281-531-5346 & 281-531-5742



Email: registration@durgabari.us Online Registration: https://www.durgabari.us/registration

Please mail this registr HDBS Puja Co	ation w/ check mac ommittee, PO Bo				
REGISTRANT	INFORMATION (/	All items marked with	* are mandatory)		
	EW/RENEWING MEMBER	R (Fill Membership form) 🗌 OUT-OF	-TOWNER (N	lember rate)
First Name*:		Last Name*:			
Spouse's Name*:		Last Name*:			
Child 1:	Year of Birth:	Child 2:		Year	of Birth:
(children above 22 years to register separately)		(children above 22 years to register separately)			
Parent 1:	Parent 2:				
MAILING ADDRESS (Please check here	in case of change in add	iress and/or contact inf	ormation)		
Address*:					
City*: State*:		ZIP Code*:			
Phone (H)*: Phone (M):		Phone (W):			
Email 1*: Email 2:					
2017 PUJA SUBSCRIPTION PACKAGES (Inclusive of Lunch/Dinner and Cultural Program)					
CATEGORY		FAMILY (SENIOR)		STUDENT (W/ID)	AMOUNT
MEMBERS AND OUT-OF-TOWNERS:		Family x2)			
All 3 PUJAS (After September 10th, Families pay \$6	\$280 (\$255)	□ \$140 (\$125)	\$75	\$	
DURGA PUJA (After September 10th, Families pa	\$230 (\$205)	\$115 (\$100)	\$50	\$	
KALI PUJA	\$150 (\$125)	\$75 (\$60)	\$25	\$	
SARASWATI PUJA	\$100 (\$75)	\$50 (\$35)	\$20	\$	
NON-MEMBERS:					
All 3 PUJAS (After September 10th, Families pay \$6	\$430 (\$405)	\$215 (\$200)	\$75	\$	
DURGA PUJA (After September 10th, Families pa	🗌 \$350 (\$325)	\$175 (\$160)	\$50	\$	
KALI PUJA	\$230 (\$205)	\$115 (\$100)	\$25	\$	
SARASWATI PUJA	\$140 (\$115)	□ \$70 (\$55)	\$20	\$	
PUJA DONATION OR SPONSORSHIP (SEE TABLE BELOW FOR SPONSORSHIP LEVELS)					\$
Donation (<\$400)/Sponsorship is in addition to Registration Fee					-
SPONSORSHIP LEVELS (IN ADDITION TO REGISTRATION FEI		RESERVED PARKING (Durga & Kali Puja)	RESERVED SEATIN Auditorium		IT ROWS
GRAND (\$2000 +)	S				2
PLATINUM (\$1200 - 1999)				None	
□ GOLD (\$400 – 1199)		≤ **	None None		None
** Parking for Gold Spons	sors will be provided at HDB	S Green Fields; subject to	weather & ground cor	nditions	
CHECK* No.: DATE:		AMOUNT: \$ CASH			
CHECK* No.: DATE: BANK: AMOUNT: \$ CASH CREDIT CARD VISA MASTER CARD AMERICAN EXPRESS Expiry (MM/YY) Card No. :					
Billing Address: (Not Required if same as Mailing Add					
City: State: ZIP Code:					
Signature of Cardholder:		Date:			

* \$25 charge for returned checks. \$25 fee for cancellations after September 10, 2017