



**PRIESTLY SERVICES REQUEST FORM**

Date: \_\_\_\_\_

Devotee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please select your priest

Shri Rajendra Kumar Joshi

Shri Srinivasan Kannan

If other priest, please mention: \_\_\_\_\_

Duration of Service:

From Date: \_\_\_\_\_(mm/dd/yyyy) Time: \_\_\_\_\_

To Date: \_\_\_\_\_(mm/dd/yyyy) Time: \_\_\_\_\_

Type of Service Requested:

\_\_\_\_\_  
\_\_\_\_\_

Where Services will be performed?

At Temple     At Home     Other

Which of the following facilities will be used?

Main Temple     Hall

If away from temple, please provide the address of service:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Arrangement of Transportation:  
\_\_\_\_\_

	<input type="checkbox"/> Member	<input type="checkbox"/> Non-Member
Temple Charges	Priest Services:	
	Hall Rental:	
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
If Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Card No:	_____ - _____ - _____ - _____	
Expiry Date:	_____ (mm/dd/yyyy)	
Request Status:	<input type="checkbox"/> Confirmed <input type="checkbox"/> Denied	
If Denied, reason:		

Please Note :

1. A cancellation charge of 50% of the assessed charges shall apply, once appointment is confirmed by the scheduler.
2. A late charge of \$50.00 for the first one half hour and \$25.00 for each subsequent hour will be charged if the priest was not returned to the Temple by scheduled time.
3. Transportation shall be provided by the Devotee, if service to be performed away from Temple premises.
4. Service over EIGHT hours are subject to \$100.00 additional charge.

**Attention/Contact person: Ms Sheeba Joly (502) 429-8888. Fax: (502) 429-8829**