



II SHREE SWAMINARAYANO VIJAYTETRAM II

# SHREE GHANSHYAM MAHOTSAV

UNDER THE AUSPICES OF  
EAST AFRICA SATSANG SWAMINARAYAN TEMPLE - NAIROBI

*Encouraging growth and prosperity with SELF SUSTAINABILITY.*



P.O.Box 41371, Nairobi-Kenya. Swaminarayan Road, Off Forest Road. Tel: 3742142. Email: info@easstemple.com

## GHANSHYAM MAHOTSAV - GUEST REGISTRATION FORM

Kindly Please fill the 3 sections to the best of your knowledge.

**Note: Please fill a separate form if the guests are not travelling together or on separate dates / or not staying together.**

- A) PERSONAL DETAILS
- B) TRAVEL DETAILS
- C) ACCOMMODATION

A)		PERSONAL DETAILS	
1.	NUMBER OF GUESTS TRAVELLING (Please tick below):		
	▪ 1	<input type="checkbox"/>	
	▪ 2	<input type="checkbox"/>	
	▪ 3	<input type="checkbox"/>	
	▪ 4	<input type="checkbox"/>	
	▪ 5	<input type="checkbox"/>	
2.	NAME(S) OF GUESTS & SUPPORTING INFORMATION		
•	Note: Your Email Address & Phone Number will be used for further communication and daily updates during the Mahotsav.		
2.1.	GUEST 1:		
	▪	Full Name:	
	▪	Gender:	
	▪	Gaam:	
	▪	City & Country:	
	▪	Phone Number:	
	▪	Email Address:	
2.2.	GUEST 2:		
	▪	Full Name:	
	▪	Gender:	
	▪	Gaam:	
	▪	City & Country:	
	▪	Phone Number:	
	▪	Email Address:	



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<b>2.3. GUEST 3:</b>			
	▪	Full Name:	
	▪	Gender:	
	▪	Gaam:	
	▪	City & Country:	
	▪	Phone Number:	
	▪	Email Address:	
<b>2.4. GUEST 3:</b>			
	▪	Full Name:	
	▪	Gender:	
	▪	Gaam:	
	▪	City & Country:	
	▪	Phone Number:	
	▪	Email Address:	
<b>2.5. GUEST 4:</b>			
	▪	Full Name:	
	▪	Gender:	
	▪	Gaam:	
	▪	City & Country:	
	▪	Phone Number:	
	▪	Email Address:	
<b>2.6. GUEST 5:</b>			
	▪	Full Name:	
	▪	Gender:	
	▪	Gaam:	



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	▪	City & Country:	
	▪	Phone Number:	
	▪	Email Address:	
<b>B) TRAVEL DETAILS</b>			
<b>3. FLIGHT &amp; LOGISTICS INFORMATION:</b>			
<b>3.1.</b>	Will all the guests mentioned above travel together? Yes <input type="checkbox"/> No <input type="checkbox"/>  If NO, then please attach a copy of this form of the guests that will not travel together & fill the travel details separately.		
<b>3.2. GUEST 1:</b>			
	▪	Mode of Travel:	a) Bus <input type="checkbox"/> b) Flight <input type="checkbox"/> c) Self Drive <input type="checkbox"/> <b>(Please tick one option)</b>
	▪	Travel Dates:	Arrival Date in Nairobi - (DD/MM/YYYY) <input type="text"/>
			Departure Date from Nairobi - (DD/MM/YYYY) <input type="text"/>
<b>Please fill the details below depending on your mode of travel</b>			
	a)	Bus Details & Pick up/ Drop off details at accommodation provided by Temple:	Bus (Travel) Name:
			Arrival Time in Nairobi:
			▪ Bus Station Name: (Pick Up) ..... ▪ Bus Station Name: (Drop Off) .....
	b)		Airline Name:



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	Flight Details & Pick up/ Drop off details at accommodation provided by Temple:	Flight Number:
		Arrival Time:
		<ul style="list-style-type: none"> <li>Airport Name: (Pick Up)</li> <li>.....</li> </ul>
		<ul style="list-style-type: none"> <li>Airport Name: (Drop Off)</li> <li>.....</li> </ul>

## C) ACCOMMODATION DETAILS

### 4. ACCOMMODATION & ADDITIONAL REQUESTS INFORMATION:

**4.1.** Will all the guests mentioned above stay together?  
 Yes  No

**If NO, then please attach a copy of this form of the guests that will not stay together & fill their accommodation details separately.**

### 4.2. GUEST 1:

<ul style="list-style-type: none"> <li>Accommodation Preference needs:</li> </ul>	<ul style="list-style-type: none"> <li>Hotel <input type="checkbox"/></li> <li>Flat Accommodation <input type="checkbox"/></li> <li>Staying with Family/ Friends in Nairobi <input type="checkbox"/></li> <li>If Other, please specify: <input type="checkbox"/></li> <li>.....</li> </ul>
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### 4.2.1. If the above selection is a hotel room, then please select 1 category of the Hotel type below:

<ul style="list-style-type: none"> <li>No. of Occupants (Hotel)</li> </ul>	Total Pax <input type="checkbox"/>
	Adults <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Hotel</li> </ul>	Children <input type="checkbox"/>
	Standard <input type="checkbox"/>
	Premium <input type="checkbox"/>

<ul style="list-style-type: none"> <li>Hotel Room Check In &amp; Check Out Dates:</li> </ul>	Check In <i>Date - (DD/MM/YYYY)</i>
	<input type="text" value="/ /"/>

	Check Out <i>Date - (DD/MM/YYYY)</i>
	<input type="text" value="/ /"/>



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4.2.2.	If the above selection is a flat accommodation, then please select 1 category of the Flat Accommodation type below:		
	▪	No. of Occupants (Flat Accommodation)	Total Pax <input type="text"/> Adults <input type="text"/> Children <input type="text"/>
	▪	Flat Accommodation	1 Bed <input type="text"/> 2 Bed <input type="text"/> 3 Bed <input type="text"/>
	▪	Flat Accommodation Check In & Check Out Dates:	Check In Date - (DD/MM/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/> <hr/> Check Out Date - (DD/MM/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
	▪	Any Additional Requirements/ Requests:	..... ..... ..... .....

Please complete this form and return it to us by **November 15th, 2024**, so that we can ensure all necessary arrangements are made in advance. You may send your filled responses via email at [utsav@easstemple.com](mailto:utsav@easstemple.com).

We anticipate an unforgettable celebration filled with devotion, joy, and togetherness. Your presence will surely enrich our gathering as we honour our Temple's journey over the past 80 years. Thank you for your kindness and cooperation in filling this form and we look forward to welcoming and hosting you at East Africa Satsang Swaminarayan Temple.

|| JAY SHREE SWAMINARAYAN ||