

6521 Chase Oaks Blvd, TX 75023



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Email:info@srmplano.org

www.shrirammandir.org

Ph: 972-422-1600

SRM Premises (Hall) Request Form

Name of Requestor/Organization:		_
Current Address (USA)	Phone No:	_
Referred by (SRM devotee/Volunteer) \square N/A	☐ Yes (Name)	_
Event Start Date:// Event Start Tir Purpose of Request:	ne: Event End Date://Event End Time:	
	☐ Other:	
 Shri Ram Mandir Priest Required \$	ion and permission from the management. (a) (3) of the Internal revenue code anagement approval. Exemptions are approved by SRM Management cation, and cultural celebrations. (Gurukul Area including Kitchen & Restroom and culture & its preaching, discriminate based on cast, creed, religione language and any political discussions. me cannot be claimed by the requestor.	
& SRM terms of service. <i>PLEASE NOTE: Foo</i>	t of my knowledge and belief and agrees to Event donation od/Bhog/Prasad served should be without Onion and Garlic.	
Requestor Print Name: SRM Management Approved By:	Requestor Signature: Date Name Signature:	



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