



HINDU AMERICAN RELIGIOUS INSTITUTE

PRIEST SERVICE REQUEST FORM

Request No: 2009 -

Request Date:

Name of Devotee: _____

Address: _____

Email: _____

Contact Number: _____

HARI Member: Yes / No / Will become

Type of Service: _____

Brief Description of the event : _____

Service Location: Temple / Home / Other (Specify Location)

Date of Service: _____ Start Time: _____ End Time: _____

FOR HARI OFFICE USE ONLY

Date Received at Office: _____

Decision: Approved / Not Approved (Reason):

Approved By(President): _____ On: _____

Service Successfully Performed By: _____ On: _____

Payment Details: Amount Received: \$ _____ By: Check/Cash Ref: