Dear Presenter,

Thank you for your interest in presenting a program at Kula Kamala Ashram. The following pages contain important information and guidelines and the program proposal form. Kindly complete the form, sign and return with any supporting materials, to the address shown.

When considering a program at the Ashram keep in mind that the Ashram is a space dedicated to ahimsa (non-harming) and therefore violence, weapons, guns, smoking, alcohol, drugs, and meat are not permitted on the property. We are guided by the Yama and Niyama of the Yoga Darshan. All presenters should be familiar with their content and adhere to these ideals while at the Ashram.
All successful proposals will address one or more of our Mission Goals and Objectives:

OUR MISSION

The mission of Kula Kamala Foundation is to empower individuals and communities throughout the world to enhance wellness, increase happiness and minimize suffering through the education, practice and application of yoga, yoga therapy, meditation, reiki, ayurveda, art, music, and movement. Kula Kamala Foundation seeks to further provide individual and community opportunities to be of service (seva) through structured programs meant to support enlightened living in areas and for individuals where such programs might not otherwise be available or accessible.

Kula Kamala Foundation is organized specifically and exclusively for charitable, scientific and educational purposes. We are dedicated to walking the path of progressive nonsectarian spirituality and enhancing human holism.

OUR GOALS & OBJECTIVES

1. Research and implementation of yoga, meditation, and alternative therapies as an approach to alleviating suffering and supporting enlightened living in the local and global public, medical and special needs communities.

2. Creation and co-creation of yogic and alternative therapy programs to support the well-being of individuals enlisted, enrolled, registered as patients or participants, or otherwise involved in the fields or professions of the: military and law enforcement, health care, mental health, crisis prevention, intervention, women's shelters, education, correction and rehabilitation, homeless shelters, and special needs care and education.

3. Education of the general public and special needs populations on the use of yogic and alternative techniques to enhance wellness and healing.

4. Implementation sustainable social action programs addressing issues of individual and communal access to health, wellness, food, water, housing, education and other necessities, both locally and globally.

5. Empowerment of yoga instructors to conduct or participate in sustainable social action and service programs.

6. Development of a spiritual school and retreat center focused on education in yoga, yoga therapy, mindfulness, health and wellness, and the experience of a happier more integrated life. The spiritual school and retreat center is developed for the general public, for special needs communities, and for individual who for a variety of reasons including economic and social reasons, might not otherwise have access to such programs.

7. Provision of high quality temporary residential programs for Yoga Teachers and Yoga Therapists to develop and improve skills and understanding in Yoga, Yoga Therapy, Positive Psychology, and similar mindfulness practices.
8. Offering of work and financial based partial scholarship opportunities toward professional trainings.

9. Uplift people and communities to realize their fuller potential through the transformative wisdom and practice of yoga.

Once you have reviewed these guidelines, if you would still like to apply for a presenter program, kindly complete the attached form and submit it via email to:

teach@kulakamalafoundation.org

or mail it to:

Kula Kamala Ashram
Program Presentation Proposal
17 Basket Rd
Reading PA 19606

All proposals must include a resume or CV for each and every presenter. Proposals that do not provide this information will NOT be considered. Please include a list of items attached to your proposal.

We look forward to reviewing your submission.

Peacefully,

Sudha

Sudha Allitt, PhD, PYT, E-RYT
Co-Founder & Programming Director

YOUR TEACHING NAME: _____
PROGRAM NAME: _____
DATE SUBMITTED: _____

Presenter Name: _____
Co-Presenter Name(s): _____
_____

Mailing Address: _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
E-mail _____
Website: _____

All presenters are US citizens ☐ Yes ☐ No

If no, _____ is a citizen of: _____

All presenters are authorized to work in the United States ☐ Yes ☐ No

If you are here on behalf of an international company authorized to work in the US provide the:
Company Name: _____
Company EIN: _____

Proposed program title: _____

Preferred program format:
☐ Weekend (usually Fri pm –Sun late am)
☐ Midweek (2–5 days)

Program Objectives.

Students should achieve a level of knowledge and understanding as a result of taking your program. Please list three educational objectives.

As a result of taking this program, program participants will:

1. _____
2. _____
3. _____

How many individuals usually attend your programs? _____

How many people do you expect to attend this event? _____

Kula Kamala Ashram requests a minimum of 10 attendees but exceptions are made on a case-by-case basis. Kula Kamala Ashram reserves the right to cancel programs for reasons such as low enrollment and weather related issues.

Presenters are responsible to promote their events. List **ALL** media, print and other outlets that you will use to promote your program:

_____

_____

_____

Please provide a description of your day-to-day program. Include **ALL** components and techniques to be experienced by the student. For example: include the percentage of your program that includes yoga, meditation, drumming, lecture, etc. Attach another piece of paper if necessary.

_____

_____

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_____

Do you offer CEU? ☐ Yes ☐ No

If yes, for which organizations/professionals?

_____

_____

_____

Presenters are responsible to provide their own non-typical props for programs. The ashram provides mats, bolsters, blankets, blocks and straps. We have a sound system if needed. Do you have any other special needs for your program? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

_____

Will you be providing these extra items? ? ☐ Yes ☐ No

Will you be traveling off site for any reason? ? ☐ Yes ☐ No

If yes, please explain: _____

Event schedules at the ashram follow this daily schedule format:

ARRIVAL DAY

Arrive between 3:00pm and 6:00pm

Dinner 5:30pm - 6:30pm

Session 6:45pm - not later than 9:30pm

FULL DAY

Morning Meditation 6:30am

Yoga 7:45am - 9:00am

Breakfast 9:00am - 9:30am

Session One 9:30pm - 12:30pm

Lunch 12:30 - 1:30pm

Session Two 1:30pm - 4:00pm

Yoga 4:15-5:30pm

Dinner 5:30-6:30pm

Session Three 6:45pm - not later than 9:30pm

DEPARTURE DAY

Morning Meditation 6:30am

Yoga 7:45-9:00am

Breakfast 9:00am-9:30am

Session One 9:30 - 12:30pm

Lunch 12:30-1:30pm

Session 1:30-4:00pm

Evening Mantra is held nightly at 9:00pm and is available for all participants.

Are you in need of additional daily sessions or alternate times? Please explain: _____

_____

_____

_____

Please note all presenters must be fully and appropriately professionally insured. Are you and ALL your co-presenters professionally insured*? ☐ Yes ☐ No

*Please provide a copy of your current declaration page(s) with this proposal. Please note acceptance of your program will require having Kula Kamala Foundation added as an additional insured for the time period of your program. You will be required to provide proof of coverage at that time.

Are you and your co-presenters appropriately licensed, if necessary, to teach components requiring professional licensing**? ☐ Yes ☐ No

**Please provide a copy of current licenses with this proposal.

By initialing each box and signing below, I am affirming the following:

☐ All information provided here is accurate and true.

☐ I understand that Kula Kamala Foundation will set one fee for tuition and a separate fee for room and board.

☐ I understand that if our program is selected and completed, I, together with my co-presenters, will receive 70% of tuition, to divide amongst our selves and that we are **not** entitled to any payments for room and board charges.

☐ I understand that we will be responsible for our own taxes and we will receive a 1099 from Kula Kamala Foundation at the end of the year for any income over $600.00.

☐ I understand that upon acceptance of this proposal, I, and each co-presenter listed above, will receive a full program agreement, which must be signed and returned in order to complete scheduling of the program described herein.

LEGAL NAME: (please print) _____

SIGNATURE: _____

DATE: _____