

Application for Accommodation

Krotona guests are required to abide by the same practices as all Krotona residents. These practices are
no eating of meat, fish, or fowl. No smoking, drinking of alcohol, or use of recreational drugs.

Name_____ Phone_____ Cell_____

Address_____ City_____ State_____ Zip_____

Email_____

Requested date of arrival_____ Requested date of departure_____

Are you a member of The Theosophical Society in America? ☐ yes ☐ no

How did you hear about Krotona School? _____

What interests do you have that relate to the school program(s) you are
registered for?

Name, phone number and/or email address of two people (preferably members of
the Theosophical Society) who can recommend you:_____

Do you have any health problems that would require you to have any special
consideration for accommodations?

If yes, please specify_____

Emergency contact_____ Phone_____ Cell_____

Pets cannot be accommodated in school housing except for ADA certified service animals.

I will abide by the practices of the Krotona community during my stay.

*Signature*_____ *Date*_____