

Application Form

Retreat _____

Retreatant Information

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____

Phone _____

Emergency Contact Person

Emergency Contact Person _____

Relationship to Applicant _____

Phone Number _____

Additional Phone Number _____

Email _____

Registration

Please indicate the amount you will pay for the retreat:

\$900 (high) _____

\$800 (average) _____

\$700 (low) _____

Please indicate if you are paying the:

Full course fee _____

\$150 deposit _____

Please note that the course fee for this retreat does not payment for the teacher. You will have an opportunity to make a donation (dana) to the teacher at the retreat.

Personal Information

Please answer the following questions about your meditation practice and background. This information will remain confidential.

Your Practice

Please describe your meditation practice. Include details about prior retreat experience and your current daily practice. Include details pertaining to the form of breath meditation you practice.

Medical Questions

It is helpful if we know about any medical and/or psychological conditions you have so that we might better understand your needs regarding this retreat. Please list any conditions that you think we should know about.

Please describe any areas of stress in your life that you think we should know about. Are there recent circumstances (e.g. loss of a loved one, illness, fasting, substance abuse, prolonged depression) or past history that might affect your retreat?

If it is helpful to advise us regarding medications/supplements that you are currently taking – so that we can address any needs or circumstances that may arise – please list them and the daily dosage. Retreatants are generally advised not to discontinue any medications while on retreat. If you have any questions about this, please speak to your health care provider.

Do you have any history of physical illness that might be aggravated by or interfere with sitting and walking meditation?

Do you have any physical limitations that might prevent you from participating in the daily work period?

Our capacity to support ongoing medical needs is limited. Do you have any such needs that might require leaving the retreat?

Your Agreement

I understand and agree with the retreat guidelines and requirements.

Signature & Date _____