

**Springs Mountain Sangha
Autumn Retreat
The Abbey in Cañon City
October 23-29, 2017
Sarah Bender, Roshi**

REGISTRATION

NAME _____ PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

Medical & Health Considerations: Remembering that this retreat takes place for several days in an isolated setting, you need to be responsible for any medications that you take. We will do our best to accommodate food allergies, if we know about them well in advance. You are encouraged to share with the leaders anything you would like them to know in regard to allergies, medical or psychological difficulties, or unusual life stresses. You may be assured that this information will be kept in confidence.

Make checks out to Springs Mountain Sangha.

Cost: \$695 **Part time:** \$100/day **Deposit:** \$350 **Registration Deadline:** October 9
Single room (if available) \$755

Will you be sitting in a Chair___ Cushion___?

Part timers: Please indicate day and time of arrival and departure. Please arrive at one of the following times: 8:30am, 1:30pm, 6:00pm

Arrival day_____ Departure day_____

Arrival time_____ Departure time_____

Emergency Contact: _____ **Phone** _____

We must be in receipt of the registration form and deposit by the October 9 deadline unless prior arrangements have been made.

Policies: Registration fee is non-refundable after the registration deadline (October 9). Remainder must be paid by October 23.

Send your completed registration form and deposit to: Steve Milligan, Retreat Registrar, 332 East Del Norte, Colorado Springs CO 80907. Any questions may also

be sent to steve_milligan08@comcast.net or call at 719 633 5925. Make checks out to Springs Mountain Sangha. Both registration and retreat fees may be paid through PayPal via our website www.smszen.org

Personal Statement: I understand that a Zen Meditation Retreat can be intensive and demanding to body and mind. I agree to notify the head of practice if I am going to be absent at any time during the retreat.

Date

Signature