

2015 SPRING RETREAT
Springs Mountain Sangha
The Abbey, Cañon City
Sarah Bender, Sensei, Andrew Palmer, Sensei
April 13-19
REGISTRATION

NAME _____ PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

If you are planning to attend part-time, please indicate specific arrival and departure times. If these change, it is important to notify the registrar *before* the retreat begins _____

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.

Please note any food allergies _____

Make checks out to Springs Mountain Sangha.

Emergency Contact: _____ Phone _____

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

Cost: the fee for this retreat is \$650. Fee for part-time attendance is \$100/day. If you need financial assistance, please contact the registrar. Deposit : \$200

Deadline for registration: April 3

Registration: send your registration form and deposit to Steve Milligan, Retreat Registrar, 332 East Del Norte, Colorado Springs CO 80907. Any questions can also be sent to steve_milligan08@comcast.net or call at 719 633 5925.

Registration policies: **The registrar must receive registration form and deposit by the deadline unless prior arrangements have been made.** Registration fee is non-refundable. Remainder of fee must be paid by first day of the retreat. Both registration deposit and retreat fees may also be paid through PayPal via our website www.smszen.org

