

Springs Mountain Sangha Autumn Retreat
Sarah Bender, Sensei
The Abbey, Cañon City October 19-23

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.

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: Full time: \$450. **Part time:** \$100/day **Deposit:** \$150

Registration deadline: Sunday October 9

Make checks out to Springs Mountain Sangha

Financial assistance is available. Please indicate __\$100 __ \$225

The registrar must receive the registration form and deposit by the deadline unless prior arrangements have been made. 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.

Policies: Registration fee is non-refundable. Remainder must be paid on the first day of the retreat. Make checks out to Springs Mountain Sangha. Both registration and retreat fees may be paid through PayPal via our website www.smszen.org

