

**Heart of the One Who Asks Retreat
Pueblo Mountain Park
June 9-14, 2019
Open Source Teachers
Sarah Bender, Tenney Nathanson, Andrew Palmer & Megan Rundel**

REGISTRATION

Name: _____ Phone: _____
Mailing Address: _____
Email Address: _____
Emergency Contact: _____ Phone: _____

If this will be your first time attending an Open Source retreat, please contact the registrar. We will arrange for you to speak with a teacher before registering.

Cost: \$625 which includes a dorm room. There are 7 private rooms available, they will be reserved on a first come-first served basis. Cost is \$950 for a single room - \$705 per person for a double room. Part time attendance will be considered upon request, please contact registrar. Scholarship assistance is available.

_____ I would like a single room - \$950
_____ I would like a double room - \$705, my roommate is:

All meals are vegetarian. Specialty meals (allergies, dietary restrictions, gluten-free, vegan, etc.) are available for an additional cost of \$45.

_____ I request specialty meals for a total additional amount of \$45. My food needs are: _____

*****Registration and full payment deadline: May 4th, 2019**

*****After deadline of May 4th, late registrations will be considered prior to May 20th, with a late fee of \$100 required.**

The registrar must receive the registration form and full payment by the registration deadline.

Please send to: Brandy Lancaster, Retreat Registrar, 5390 Meadowgreen Drive, Colorado Springs CO 80919. Any questions may be directed to bdl0824@gmail.com or 719-510-4676.

Policies: Payments are non-refundable after the deadline and may be paid by check or through PayPal via our website www.smszen.org. **Please make checks payable to Springs Mountain Sangha.**

Will you be sitting in a Chair_____ or Cushion_____ ?

Medical & Health Considerations: Please note here any allergies, relevant medical conditions (e.g. cardio-vascular problems, pregnancy, chronic health condition) and current medications.

If you are experiencing psychological difficulties or significant life stresses, please check here and one of our teachers will contact you for a conversation. _____

If you are a certified medical or mental health practitioner and would be willing to assist in an emergency, please indicate here: _____.

I am certified as: _____

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.

I agree that, if I decide to leave the retreat early, I will first meet with a teacher.

Date

Signature