

Retreat Registration

Focused and Fearless: Jhana As a Path to Insight
Taught by Shaila Catherine
Co-sponsored by Bodhi Retreats and Insight Meditation South Bay
www.imsb.org

- Cost:** \$1200 Fee covers accommodations, food and cook services.
- Cancellation:** Non-refundable deposit of \$250
- Location:** Orchard Lodge at Quaker Center, 1000 Hubbard Gulch Rd., Ben Lomond, CA 95005
- Dates/Times:** October 21-October 31, 2010. Please plan to arrive between 3:30-4:00pm to register. The program will end at 3:00pm.
- Contact:** retreats@imsb.org

To register:

Please send (1) this Registration Form and minimum \$250 deposit (payable to Bodhi Retreats), plus (2) The Waiver of Liability Form to the registrar:

Bodhi-Retreats
PO Box 490
Menlo Park, CA 94026

(3) Remit the balance of the retreat fees by October 1, 2010

Registration Form

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Day: _____ Evening: _____

Occupation: _____ Age: _____

How did you learn about this retreat? _____

Emergency Contact: Name: _____ Phone: _____

Relationship to emergency contact: _____

Experience: Is this your first residential retreat? Yes _____ No _____

Accommodations

Note: Participants will need to bring their own bedding (including sheets and blankets or sleeping bags), towels, and toiletries. There are a few places to pitch tents. If you wish to camp you must provide your own camping equipment and inform the contact person.

Are you? Male _____ Female _____

Do you snore? No _____ Yes _____

Roommate preference (name) _____

Rooms at Quaker Center are doubles. If requesting a particular roommate, please check that both parties request each other.

Single rooms: Some single-occupancy rooms may be available for an additional charge of \$300.

Do you wish to request a single room?

No _____

Yes _____ To request a single room, please send a separate check for \$300 (made out to Bodhi Retreats) to the registrar. This check will be cashed shortly before the retreat if we are able to offer you a single room.

Please indicate if you have a medical need that requires private accommodations: _____

Medical dietary restrictions:

Omnivor (includes chicken/fish) _____

Vegetarian _____

Vegan _____

Plain Food _____

Meals will be provided based on the four categories above and plain food will be provided for individuals with multiple or extraordinary dietary restrictions. Please check the appropriate box above. If there are certain ingredients that you cannot eat under any condition for medical reasons, please explain below.

Please explain: _____

Do you have any medical needs or mobility limitations? Please give any other information that will assist in room assignment (*ability to walk up the hill that is between the housing/dining complex and the meditation hall is required*):

Carpooling: Would you be willing to offer a ride to someone from your area? Yes _____

If yes, can they contact you directly? No: ___ Yes ___

Phone and/or email: _____

If you need a ride, contact retreats@imsb.org

Dana

Registration fees cover food, accommodation, and basic administration expenses. There will be an opportunity to offer donations/dana at the end of the retreat to support the teacher.

Scholarship

Would you be willing to help those who need financial assistance to attend the retreat? Yes _____

Amount enclosed \$_____

Tax-deductible donations to the scholarship fund may be made payable to “IMSB” or to “Insight Meditation South Bay”. Please send your donation to the registrar and write “B-R scholarship” on the memo line.

1. Please list the dates of previous retreats you have attended that were taught by Shaila Catherine.

2. Please describe your experience with other meditation retreats (i.e., approximately how many retreats have you attended, what is your longest retreat, and in what traditions?). Have you previously practiced jhana meditation methods? If so, please describe where, when, and what tradition, teacher, or center you learned from.

3. Please describe any other practices or retreats that have a significant impact on your meditation practice.

4. Please describe any mobility limitations, physical limitations, or injuries that would prevent you from doing sitting and walking meditation, or require special accommodation.

5. Please describe any psychological conditions that might make meditation practice difficult at this time (such as grief, recent loss, depression, addiction, psychological illness etc.). Jhana practice is a particularly intense form of silent meditation, not suitable for everyone. If you are experiencing intense emotional states, please check with your therapist to determine if this is an appropriate time for you to undertake a silent concentration retreat. We recommend that jhana practice be undertaken only by participants who are experiencing a considerable degree of mental stability.

6. This will be a silent retreat environment. Contact with the outside world is minimal. Retreatants need to be at ease with both silence and solitude. Noble Silence is required. Participants are asked to remain on the property during the course of the retreat. Would this environment be problematic for you? _____ If yes, please explain.

7. Is there anything else you would like the teacher to know that might help her guide your practice during this retreat?

By signing my name below, I confirm that all of the above information is correct to the best of my knowledge. I understand that attendance is at the discretion of the teacher, and I agree to depart if requested by the teacher.

Signed _____ **Date** _____

Print Name _____
