**Retreat Registration Information**

Fall Meditation Retreat:

Insight and Reflections on Impermanence

with Shaila Catherine

Sponsored by Dharma Zephyr Insight Meditation Community

[www.dharmazephyr.org](http://www.dharmazephyr.org)

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| **TO REGISTER:**   1. **Please mail:** 2. **This Registration Form, filled out;** 3. **Signed Liability Waiver; and** 4. **$200 deposit, payable to Dharma Zephyr (or the total fee if registering after September 3, 2016). Alternatively, you may pay online at:** [**www.dharmazephyr.org**](http://www.dharmazephyr.org)   **To:**  **Dharma Zephyr Insight Meditation Community**  **1835 Franklin Rd.**  **Carson City, NV 89706**   1. **Remit balance of registration fee by September 3, 2016 (or your total fee if registering after September 3, 2016).** |

**COST:** 7 nights for $590-$900 sliding scale, or 3 nights for $290-$500 sliding scale, plus a voluntary donation to the teacher at the end of the retreat. The estimated actual per-person cost for this retreat (if we used a fixed rate) is $715 for 7 nights and $360 for 3 nights. By selecting an amount above these levels, your generosity supports those who need to select a lower rate to attend the retreat. This sliding scale allows scholarship needs to be handled by self-selecting an amount lower than $715 or $360. The cost includes comfortable accommodation in a shared cabin, three delicious vegetarian meals each day, and staff services. Depending on attendance, a limited number of single-occupancy rooms may be available upon request for $400 extra. Space is limited and priority will be given to those registering for 7 nights. 3-night registrations and single-room requests will be confirmed in early October. Early registration is much appreciated as it assists in retreat planning.

A minimum $200 deposit is required to secure your spot. The remaining balance is due by September 3, 2016, unless you are registering after September 3, in which case your full fee is due upon registration. Please make checks out to: Dharma Zephyr.

Compensation for the teacher is not included in the registration fee. There will be an opportunity at the end of the retreat to offer dana/donations to support the teacher and her ongoing efforts of serving the dhamma.

**CANCELLATION:** The $200 deposit is non-refundable. Cancellation by September 3, 2016: full refund except deposit. Cancellation between September 3, 2016 and October 14, 2016: one half of all payments except deposit. Cancellation after October 14, 2016: no refund.

**LOCATION:**  Galilee Episcopal Camp and Conference Center, Glenbrook, Nevada, on highway US 50 on the east shore of Lake Tahoe. Directions are available at [www.dharmazephyr.org](http://www.dharmazephyr.org) or [www.imsb.org](http://www.imsb.org).

**DATES & TIMES:** All retreats begin Friday, November 4, 2016. Please plan to arrive between 1:00 and 2:00 pm to check in and settle into your room. The retreat will begin at 3:00 pm. Those leaving on Monday, November 7 (3 nights) may leave anytime after 1 pm (after lunch) as best suits your preference, but please let Tom Gray and Shaila know your planned departure time in advance. For those leaving on Friday, November 11 (7 nights), the retreat will end at 1:00 pm (after lunch). You must be packed up and out of your room by noon on November 11, as another group may be arriving.

**GENERAL INFORMATION:** The weather can be quite variable, and stunningly beautiful, in early November at Lake Tahoe (elevation 6,200 ft.) – from sunny 60’s to stormy 30’s. The cabins, dining hall, and meditation hall are all heated to ensure your comfort. Bring a selection of clothing to keep yourself comfortable while experiencing the impermanence of nature.

Weather permitting, sit-on-top kayaks will be available during walking meditation periods. Portions of previous November retreats have been warm and calm – perfect for meditative kayaking. If interested, bring an extra set of clothing that can get wet (e.g., water shoes, swim suit, and non-cotton pants and shirt).

**PLEASE PRINT AND FILL OUT THE REGISTRATION FORM AND LIABILITY WAIVER ON THE FOLLOWING PAGES, AND MAIL TO: DHARMA ZEPHYR INSIGHT MEDITATION COMMUNITY, 1835 FRANKLIN RD, CARSON CITY, NV 89706 WITH YOUR REGISTRATION FEE.**

**REGISTRATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates attending: 11/04/2016 to (circle one): **11/11/2016** or **11/07/2016**.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_

How did you learn about this retreat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Retreat Experience:** Is this your first residential retreat? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Accommodations

**Note:** If possible, participants must provide their own bedding (including sheets and blankets, or sleeping bags), pillows, towels, and toiletries. If you cannot bring bedding, please contact Tom Gray to request use of Camp Galilee’s limited bedding.

Are you? Male \_\_\_\_\_ Female \_\_\_\_\_

Do you snore? Yes \_\_\_\_\_ No \_\_\_\_\_

**Roommate preference, if any:** (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations at Camp Galilee are in cabins. If requesting a particular roommate, please ensure that they also request you. Staff will try to accommodate such requests if possible based on availability.

#### Single rooms: A limited number of single-occupancy rooms may be available for an additional charge, depending on attendance.

#### Do you wish to request a single room? No \_\_\_\_\_ Yes \_\_\_\_\_

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

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To request a single room, please send a separate check for $400 (payable to Dharma Zephyr) with your registration. This check will be held until shortly before the retreat and will be cashed only if we are able to offer you a single room.

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, can they contact you directly? Yes \_\_\_\_\_ No \_\_\_\_\_

If you need a ride yourself, contact Tom Gray at [eltigrenevada@gmail.com](mailto:eltigrenevada@gmail.com) or at (775) 846-4658.

**Medical and dietary restrictions:**

Vegetarian meals will be provided based on the categories below, unless you have additional dietary restrictions. Please check the appropriate box (or boxes) below. Out of courtesy to others, in the dining hall during the retreat please partake only of food that matches the selections you make here.

Vegetarian (including eggs & dairy) \_\_\_\_

Vegan \_\_\_\_

Gluten Free \_\_\_\_

Lactose Free \_\_\_\_

Nut Allergy (specify which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other ingredients that you cannot eat under any conditions for medical reasons:

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**Do you have any medical needs or mobility limitations?** Please give any other information that will assist us with your room assignment and your stay at Camp Galilee. Please note: all cabins and the meditation hall have a few steps at the entrances. Ability to negotiate gentle hills is required, and some accommodations have short pitches of steeper dirt/gravel access.

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#### Dana: Registration fees cover food, accommodation, teacher’s travel, and basic administration expenses. There will be an opportunity to offer donations at the end of the retreat to support the teacher and her ongoing efforts of serving the dhamma.

#### Scholarships: Would you be willing to help those who need additional financial assistance to attend this retreat or future retreats?

#### Yes \_\_\_\_\_ No \_\_\_\_\_ Amount enclosed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax-deductible donations to the scholarship fund may be made payable to “Dharma Zephyr.” Please send your donation with your registration and write “Retreat scholarship fund” 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 had 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.). Silent meditation is 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 retreat.

6. This will be a silent retreat environment. Contact with the outside world is minimal. Participants 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.

**WAIVER OF LIABILITY**

VOLUNTARY PARTICIPATION

1. I acknowledge that I have voluntarily applied to participate in a meditation retreat sponsored by Dharma Zephyr Insight Meditation Community starting on 11/04/2016, and ending on (circle one): 11/11/2016 or 11/07/2016.

ASSUMPTION OF RISK

2. I am aware that participating in this event may involve strenuous physical activities such as work meditation, yoga, or movement classes, as well as risks associated with hiking, contact with wildlife, and hazards associated with an outdoor environment including rocks, embankments, water, and waves. I am also aware that this is a silent, intensive meditation retreat and that participants in such retreats may experience intense and unusual psychological, spiritual, and/or physical states of mind and body arising from the meditation and associated retreat activities. I am voluntarily participating in these activities with full knowledge of the risks involved, and hereby agree to accept any and all risks of harm that may result from these activities.

RELEASE

3. As consideration for being permitted by Dharma Zephyr Insight Meditation Community, and Galilee Episcopal Camp and Conference Center to participate in these activities and use the facilities provided, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Dharma Zephyr Insight Meditation Community, Galilee Episcopal Camp and Conference Center, or any of their affiliates, employees, agents or volunteers, or any of their affiliated organizations for injury or damage resulting from acts, howsoever caused, by any employee, agent, or contractor of these organizations, or any of their affiliated organizations, as a result of my participation in this event, except when an employee, agent, or contractor of Dharma Zephyr Insight Meditation Community, Galilee Episcopal Camp and Conference Center, or any of their affiliated organizations exhibits gross negligence, or intentionally acts in a manner likely to lead to my being harmed. I hereby release Dharma Zephyr Insight Meditation Community, Galilee Episcopal Camp and Conference Center, and any of their affiliated organizations from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this event, except when an employee, agent, or contractor of Dharma Zephyr Insight Meditation Community, Galilee Episcopal Camp and Conference Center, or any of their affiliated organizations exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed.

KNOWING AND VOLUNTARY EXECUTION

4. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Dharma Zephyr Insight Meditation Community, and/or their affiliated organizations, and sign it of my own free will.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_