

SS2019 Retreat Registration
Concentration, Jhana, and Breath with Shaila Catherine
Co-sponsored by Bodhi Retreats and Insight Meditation South Bay
www.imsb.org

Location: Saratoga Springs, 10243 Saratoga Springs Road Upper Lake CA 95485

Dates/Times:

Full retreat: Monday, May 6–Thursday, May 16, 2019

Partial retreat: (Available as space permits.) Must begin on May 6 and include a minimum of 3 nights. Coordinate departure date and time with the registrar.

The retreat sign-in begins at 2:00 pm and closes at 3:30 pm on May 6. The program will end at 11:00 am on May 16. For individuals signing up for the partial retreat, pre-arrange your departure day and time with the registrar.

Please arrange your schedule to arrive and depart at the designated times. Late arrivals will not be accommodated on this retreat.

You may arrange to arrive early, the night before the retreat begins, for an additional fee.

Cost:

Full retreat: 10 nights is \$2,250 – \$1,150 sliding scale.

Early arrival on May 5 (after 2pm) is an additional \$110 and includes a simple breakfast on May 6. For lunch on May 6, early arrivers can carpool to a local restaurant, bring their own sack lunch, or have a simple meal on site—the arrangements will depend upon the number of people who come early and cars available. If you would like to arrive early, please notify the registrar.

Fee covers accommodations and food. The cost is sliding scale, plus a donation to the teacher at the end of retreat. The estimated actual per-person cost for this retreat (if we had used a fixed rate) is \$1,700. By selecting an amount above \$1,700, your generosity supports those who need to select a lower rate to attend the retreat. Selecting an amount lower than \$1,700 is equivalent to accepting a partial scholarship.

A limited number of volunteer work exchange positions may be available. These service roles have a registration fee of \$700 and involve approximately 3-4 hours of work per day (mostly kitchen work, grocery shopping, and managing yogi jobs). Contact awake@imsb.org for information.

Partial retreat options (priority is given to full retreat registration):

3 nights (Monday–Thursday) is \$900 - \$550 sliding scale

4 nights (Monday–Friday) is \$1,100 - \$675 sliding scale

5 nights (Monday–Saturday) is \$1,300 - \$800 sliding scale

6 nights (Monday–Sunday) is \$1,500-\$950

Deposit: \$250 (Non-refundable)

Cancellation Policy:

The \$250 deposit is non-refundable. Full payment is non-refundable after April 1, 2019. If you cancel after 4/1/2019, the \$250 deposit remains non-refundable while half of the remaining balance for your full retreat fee may be applied to a future Bodhi-Retreats/IMSB retreat (refund checks will not be issued). These vouchers for future retreats are valid for two years. If the retreat must be canceled (due to unforeseen circumstances), full refunds will be given to those registered at the time the retreat is canceled. Refunds will not be given for any other reason.

Contact: Janet Taylor at 408-761-9659 or awake@imsb.org

SS2019 Registration Form
Concentration, Jhana, and Breath Retreat with Shaila Catherine
May 6–May 16, 2019

To register, please send:

- **This Registration Form (pages 2-6)**
- **Minimum \$250 deposit (payable to Bodhi Retreats)***
- **The Waiver of Liability, signed in ink**

**The deposit check and Waiver of Liability must be sent by postal mail.
The Registration Form may be sent by postal mail or by email as a PDF file.**

Registrar's email address: awake@imsb.org

Send the deposit and Waiver of Liability (and Registration Form if not emailing) to:

**Janet Taylor
626 E Peace Dr
Grand Junction, CO 81504**

*** Remit the balance of the retreat fees by April 1, 2019 to the above address.**

We are not currently accepting credit card transactions, so *please* send your registration deposit and fees via check or money order made payable to *Bodhi-Retreats*.

If this is not possible for some of our international guests, please contact the registrar for alternative payment arrangements.

Note: This will be a non-smoking retreat.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Work: _____ Home: _____ Mobile: _____

Occupation: _____ Age _____

How did you learn about this retreat? _____

Emergency contact: Name: _____ Phone: _____

Relationship to emergency contact: _____

Retreat option: Please check the option(s) you are signing up for, including early arrival if applicable. Priority will be given to participants signing up for the full retreat.

_____ Full retreat: 10 nights, Monday –Thursday, May 6–May 16, 2019

_____ Partial retreat, starting on Monday, May 6:

Enter the number of nights you will be staying (minimum of 3): _____

Enter the date on which you plan to leave: _____

_____ Add early arrival on May 5 (add \$110)

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

Note: This retreat is designed for experienced students. Previous retreat experience in the insight meditation tradition is required, with a minimum of at least one week-long silent residential retreat. If you have not attended at least one week-long silent retreat, your attendance requires approval from the teacher.

Accommodations, Towels, Bedding:

The retreat center provides all sheets, blankets, pillows, and bedding for their lodges and winterized/heated cabins. To protect against the introduction of bed bugs or other pests into this environment, the center prohibits participants from bringing their own bedding. The exception is for campers (RV, tents, or screen-window cabins) who will need to provide their own bedding or arrange in advance with our registrar to rent a set of sheets for \$25.

Those who wish to use the hot pool should bring their own outdoor towel for use at the pool.

Rooms: Saratoga Springs has a variety of accommodations that include singles, doubles, triples, and quads. With very few singles to offer, please be sure to explain your needs and preferences to facilitate the rooming assignments. Camping in RVs, tents, and screen-window cabins is available for those who prefer privacy over other comforts.

Are you? Male _____ Female _____

Do you have environmental allergies that would affect housing options? If yes, please explain. _____

Do you have a preference of roommates? Couples may room together if both parties agree to practice in silence. Our experience, however, is that couples usually will go deeper in their meditation practice if they room separately. Please consider this before requesting to room with an intimate partner.

Names of preferred roommates: _____

Do you wish to camp in an RV, your own tent, or a wood/screened (not winterized) cabin? If yes, which camping option do you prefer? This option requires you to provide your own bedding and sleeping bag, or you may arrange in advance to rent bedding from the center for \$25. _____

Do you wish to request single accommodations? Yes _____ No _____ Either way is OK _____

Note that having a single room doesn't mean you can make more noise, talk on the phone, chant, or read out loud. All sounds are easily heard from outside the rooms. This is a silent retreat and you will be expected to maintain silence.

If yes, what is your reason for requesting a single room? Describe your medical need, sleep disorders, or preferences. _____

Would you be willing and able to walk 2 minutes to the nearest bathroom in order to enjoy the privacy of a private cabin? _____

Some cabins have heat and electricity but no water. Please note that most cabins are very close to each other and in this tranquil valley sounds are easily heard from the other cabins. If you stay in a cabin, you should intend to be as quiet as you would be if you were rooming with another person.

Dietary restrictions:

Three meals are included in the retreat program. Please indicate the category of food you will eat (select only one):
Omnivore (includes chicken/fish) _____ Pescatarian (vegetarian but will eat fish) _____ Vegetarian _____

If there are certain ingredients that you cannot eat under any condition for medical reasons, please explain below.

Do you have any medical needs or mobility limitations?

Please describe any medical needs, mobility limitations, physical limitations, or injuries that would prevent you from doing sitting and walking meditation, or require special accommodation. We do not encourage personal preferences and appreciate your willingness to do the work that is needed to keep the retreat running smoothly, but it helps us to know if you have an injury that would prevent bending or dishwashing or other health issues that would affect yogi job assignment, or if there are times of the days that you are unable to work such as early morning or later at night.

Do you have any special kitchen skills?

Please describe any kitchen skills we should consider when assigning yogi jobs.
Check the tasks that you might feel comfortable performing, and write any other skills on the lines below.

- slice veggies finely and evenly
- bake muffins, cornbread, cookies, or boxed brownies unsupervised
- cook oatmeal and prepare breakfast for 30 people unsupervised
- cook soup for 30 people unsupervised
- prepare creative salads for 30 people
- assist a cook as instructed
- safely operate a food processor
- wash and scrub pots and pans
- sweep and mop floors
- coordinate manage kitchen teams
- wash and scrub vegetables at night
- work with a team to clean up after the meals

Explain other skills. For example, do you generally have good kitchen skills, have prior experience cooking in a commercial kitchen, or have any special kitchen skills or interests that could assist this retreat?

Carpooling: Would you be willing to offer a ride to someone from your area or pick up someone from the airport?

Yes _____

Which airport? _____

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

Phone and/or email: _____

A ride-sharing system will be set up for the retreat. We encourage anyone willing to offer a ride and anyone needing a ride to communicate these offers/needs with our volunteer coordinator or registrar. Information will be provided about transportation options after you register.

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(s).

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 of the check.

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. Approximately how many retreats have you attended, what is your longest retreat, and in what traditions?

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

4. Please describe any psychological conditions or life changes that might make meditation practice difficult at this time (such as anxiety, panic, depression or other mental health conditions requiring medical treatment, grief, recent loss, recent change of job, recent marriage or divorce, psychological illness, drug addiction, alcoholism, etc.). If you are experiencing intense emotional states, please check with your therapist to determine if this is an appropriate time for you to undertake an intensive silent retreat. We recommend that only those who are experiencing a considerable degree of mental stability consider attending this retreat. We recommend that students who have used mind-altering or hallucinogenic drugs within the last year (including plant-based ceremonial substances) refrain from attending this retreat.

5. This will be a silent retreat environment. Retreatants need to be at ease with both silence and solitude. Silence is required, and participants are asked to remain on the property during the course of the retreat and refrain from all

contact with people outside the retreat. This means no use of cell phones, smart phones, texting, Internet use, e-mail, or any other form of communication except in the case of an emergency. There will be group and/or individual meetings with the teachers; participants are expected to periodically communicate with the teachers at these scheduled meetings.

Do you agree to keep the silence in the retreat, refrain from using electronic communication devices, and communicate with the teachers at designated times? _____

If no, please explain. If you anticipate needing to communicate with family or anyone outside of the retreat, please indicate below, or inform the registrar or teachers.

6. During retreat, we vow to abide by the five precepts, which are:

- To abstain from killing and harming living beings (This includes all beings, both human and otherwise.)
- To abstain from stealing or taking what is not given
- To abstain from sexual misconduct (On retreat, we abstain from all sexual activity.)
- To refrain from false, malicious, or harsh speech (On this retreat, we will maintain silence except when functional speech is required during work meditation and meetings with the teacher.)
- To refrain from using intoxicants (including drinking alcohol, smoking, and using recreational or mind-altering drugs). Note that this is a non-smoking retreat, which prohibits the use of traditional as well as e-cigarettes.

Are you willing to take these precepts and abide by them during the retreat? _____

7. We maintain a dress code that is casual but discrete. The guidelines are the same for males and females. You should be covered from shoulders to knees—no shorts (unless they are long enough to cover the knees when sitting) and no revealing shirts. Are you willing to abide by this dress code during the retreat? _____

8. Is there anything else you would like the teacher to know that might help them 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, and I acknowledge that I have considered my psychological condition (item 4) and have determined that it is appropriate for me to undertake this retreat. I have read and agreed with an affirmative response to abide by the guidelines described in items 5, 6, and 7 to maintain silence, keep the precepts, and respect the dress code. I understand that attendance is at the discretion of the teacher, and I agree to depart if requested to by the teacher, and to bear any and all costs involved in an early or unexpected departure.

Signed* _____ **Date** _____

Print Name _____

* For computer filled registration forms, an electronic signature may be indicated by entering your full name between slashes (e.g. /Jane Doe/).