

HW2019 Retreat Registration
Concentration, Jhana, and Breath with Shaila Catherine
Co-sponsored by Bodhi Retreats and Insight Meditation South Bay
www.imsb.org

Location: Heartwood Refuge, 159 Osceola Rd, Hendersonville, NC 28739

Dates/Times:

Full retreat: Friday, October 4–Sunday, October 13, 2019

Partial retreat: (Available as space permits.) Must begin on Oct 4 and include a minimum of 2 nights. Coordinate departure date and time with the registrar.

The retreat sign-in begins with registration from 2:00 – 3:30 pm on Oct 4. The program will end at 11:00 am on Oct 13. For individuals signing up for the partial retreat, pre-arrange your departure day and time with the registrar.

Please arrange your travel 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 or to stay an extra night on the day the retreat ends. The fee is \$100 per extra night which can be paid to Bodhi Retreats along with your retreat registration.

Cost:

Full retreat: 9 nights is \$2,250 – \$1,150 sliding scale.

Additional nights for early arrival or late departure (includes informal self-service meals): \$100 per extra night.

Fee covers accommodations and food for the period of the retreat. 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 requesting a partial scholarship.

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

2 nights (Friday–Sunday) is \$700 - \$400 sliding scale

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

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

5 nights (Friday–Wednesday) is \$1,300 - \$800 sliding scale

6 nights (Friday–Thursday) is \$1,500 - \$950

Deposit: \$250 (Non-refundable)

Cancellation Policy:

The \$250 deposit is non-refundable. Full payment is non-refundable after September 1, 2019. If you cancel after 9/1/2019, 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: Katrina Bergbauer at 404-660-5674 or retreats@imsb.org

HW2019 Registration Form
Concentration, Jhana, and Breath Retreat with Shaila Catherine
October 4–October 13, 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: retreats@imsb.org

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

Katrina Bergbauer
225 Second Avenue
Decatur, GA 30030

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

We are not currently accepting credit card payments, 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 additional nights if applicable. Priority will be given to participants signing up for the full retreat.

_____ Full retreat: 9 nights, Friday–Sunday, Oct 4–Oct 13, 2019

_____ Partial retreat, starting on Friday, Oct 4:

Enter the number of nights you will be staying (minimum of 2): _____

Enter the date on which you plan to leave: _____

_____ Add early arrival on Oct 3

_____ Add additional night at end of retreat on Oct 13

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 residential insight meditation retreat, your attendance requires approval from the teacher.

Accommodations, Towels, Sheets, Bedding:

The retreat center is handicapped accessible, but if you have mobility limitations, please contact our retreat registrar for details.

The retreat center provides towels, sheets, blankets, pillows, and bedding for their rooms.

Rooms: Heartwood Refuge has modest, hotel-style rooms. All rooms are furnished as doubles with ensuite bathrooms. We can negotiate with the center to utilize some rooms as singles, but that will require leaving beds unoccupied; therefore, if you request single accommodations without a medical need, and if you are financially able, please choose a registration fee amount that is on the upper end of the sliding scale (above \$1700).

Are you? Male _____ Female _____

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 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, or read out loud. Sounds can be 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. _____

Dietary restrictions:

Three vegetarian meals are included in the retreat program. If there are certain ingredients that you cannot eat under any condition for medical reasons, please explain below. List specific food allergies, sensitivities, and needs, such as dairy-free, gluten-free, etc. A refrigerator is available in the kitchen to store personal supplies for participants with special needs.

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.

Do you have any special kitchen skills?

Please describe any kitchen skills we should consider when assigning yogi jobs. For example, can you evenly and finely chop veggies, bake muffins, or cook oatmeal for 30 people without supervision? Do you have good cooking skills? Do you have experience working in a commercial kitchen? Are you able to wash dishes and pots? Can you sweep and mop?

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.

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 silent residential 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/).