

**HW2020 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, September 18–Sunday, September 27, 2020

Partial retreat: (Available as space permits.) Must begin on September 18 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 September 18. The program will end at 11:00 am on September 27. 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 \$125 per extra night that can be paid to Bodhi Retreats along with your retreat registration.

**Cost:**

Full retreat: 9 nights is \$2,400 – \$1,250 sliding scale.

Additional nights for early arrival or late departure (includes informal self-service meals): \$125 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 \$1,800. By selecting an amount above \$1,800, your generosity supports those who need to select a lower rate to attend the retreat. Selecting an amount lower than \$1,800 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. The balance is handled as follows:

Before 60 days prior to the retreat (Before July 18, 2020)

Any retreat fee paid over the \$250 deposit will be refunded to you by check. Or you may request that the funds be transferred to teacher dana or to our scholarship fund (these transfers are not tax-deductible).

60 days or less prior to the retreat (After July 18, 2020)

There is a \$1,025 cancellation fee (including the \$250 deposit). The remaining balance of what you paid, up to \$775, will be granted to you as a 2-year voucher toward a future Bodhi-Retreats retreat or Bodhi-Courses online class. Any amount you paid over \$1800 will be due to you as a refund. You can request one of these options for that refund:

- Apply it toward the 2-year voucher.
- Transfer the refund to teacher dana or to our scholarship fund (these transfers are not tax-deductible).
- Receive a refund check.

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.

**Contact:** Katrina Bergbauer at 404-660-5674 or [retreats@imsb.org](mailto:retreats@imsb.org)

**HW2020 Registration Form**  
Concentration, Jhana, and Breath Retreat with Shaila Catherine  
September 18-September 27, 2020

**To register, please send:**

- **This Registration Form (pages 3-7)**
- **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](mailto: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 **July 18, 2020** 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, September 18-September 27, 2020

\_\_\_\_\_ Partial retreat, starting on Friday, September 18:

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 September 17

\_\_\_\_\_ Add additional night at end of retreat on September 27

**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 two week-long silent residential retreats. If you have not attended at least two week-long silent residential insight meditation retreats, 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. Indicate if it would be difficult for you to be assigned a bedroom that requires ascending one or two flights of stairs (no elevator). 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 either yogi job or rooming assignments.

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**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?

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**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.

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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 ask that students who have used mind-altering or hallucinogenic drugs within the last two years (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(s).)
- 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/).