

RG2020 Retreat Registration
Concentration, Jhana, and Breath with Shaila Catherine
Co-sponsored by Bodhi Retreats and Insight Meditation South Bay
www.imsb.org

Location: Redwood Glen, 100 Wright Drive, Loma Mar CA 94021

Dates/Times:

Full retreat: Tuesday, February 18 – Friday, February 28, 2020

Partial retreat: (Available as space permits.) Must begin on February 18 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 February 18. The program will end with a noon lunch on February 28. 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.

Accommodation is not available for the night prior to our retreat, or for the night following our retreat.

Cost:

Full retreat: 10 nights is \$2,800 – \$1,250 sliding scale.

- Double occupancy sliding scale: \$1800 – \$1250 (estimated actual cost is \$1600)
- Single occupancy sliding scale: \$2800 – \$1850 (estimated actual cost is \$2300)

Fee covers accommodations and food. The cost is by sliding scale, plus a donation to the teacher at the end of retreat. Selecting an amount above the middle of each sliding scale range will support the retreat and enable those who need to select a lower rate to attend the retreat. Selecting an amount below the middle of the sliding scale self-selects a supported scholarship rate. The mid-point of each sliding scale represents the amount that we would have charged to cover costs for accommodations, food, and basic administrative expenses if we had used a fixed rate instead of a sliding scale. Our estimated actual costs for double accommodations is \$1600, and for single accommodations it is \$2300.

Inquire with the registrar if you need additional scholarship support to attend.

Partial attendance may be arranged for a stay of 3-6 nights. Priority is given to full retreat registration. Partial attendees will likely be housed in double occupancy rooms. Singles accommodations will not be reserved in advance for partial attendees.

- 3 nights (Tuesday–Friday) is \$900 - \$550 sliding scale
- 4 nights (Tuesday–Saturday) is \$1,100 - \$675 sliding scale
- 5 nights (Tuesday–Sunday) is \$1,300 - \$800 sliding scale
- 6 nights (Tuesday–Monday) is \$1,500 - \$950 sliding scale

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 (December 18, 2019)

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 (December 18, 2019)

There is a \$975 cancellation fee (including the \$250 deposit). The remaining balance of what you paid, up to \$725, 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 \$1700 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: Robin Boudette at (609) 577-3380 or retreatregistration@imsb.org

RG2020 Registration Form
Concentration, Jhana, and Breath Retreat with Shaila Catherine
February 18-February 28, 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: retreatregistration@imsb.org

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

**Robin Boudette
26 Zion Road
Hopewell NJ 08525
United States**

*** Remit the balance of the retreat fees by December 18, 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, Tuesday – Friday, February 18 – February 28, 2020

_____ Partial retreat, starting on Tuesday, February 18:
Enter the number of nights you will be staying (minimum of 3): _____
Enter the date on which you plan to leave: _____

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, Bedding, and Towels:

The retreat center provides all sheets, blankets, pillows, and bedding for their hotel-style bedrooms. Cabin occupants will need to bring their own bedding, including sheets, blankets, pillows, and towels.

Rooms: Accommodations at Redwood Glen are primarily in hotel-style double rooms with ensuite baths. In addition we have access to a couple of dorm-style cabins. In order to accommodate requests for single occupancy rooms we must leave beds empty. Therefore we have adjusted the rates along two sliding scales—for singles and double accommodations. If you request a single, please be sure to explain your needs and preferences to facilitate the rooming assignments. Camping in RVs, and tents is possible, but not recommended due to the likelihood of cold weather in February.

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 your own RV, your own tent? Yes _____ No _____

These options require you to provide your own camping gear, tent, bedding and sleeping bag. Nights can be quite cold. If you stay in a tent you should bring extra blankets (and protection from the cold ground).

If you wish to camp, which option do you prefer (tent, RV, van)?

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.

Do you have any medical needs or mobility limitations? Yes _____ No _____

Please describe any medical needs, mobility limitations, physical limitations, or injuries that would prevent you from doing sitting and walking meditation, or require special accommodations. 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 day that you are unable to work such as early morning or later at night.

Dietary restrictions:

Three meals are included in the retreat program. Please indicate the category of food you will eat (select only one):

Omnivore (includes meat/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.

Ride Sharing

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

Yes ____ No ____ If yes, from what area or which airport (San Francisco, Oakland, San Jose)?

If yes, can they contact you directly? Yes ____ No ____

Phone and/or email (if different from the ones provided on page 3):

Do you anticipate needing a ride to the retreat center? Yes ____ No ____

Rides cannot be guaranteed and are often unavailable. But we will do our best to match up those needing rides with those offering rides.

If you anticipate needing a ride, where would you need to be picked up?

If you are flying in and we have enough need, a shared van can be arranged to take people from SFO to the retreat center and back. The fee for the van will be split between all riders. There is no public transportation to the retreat center.

Might you be interested in taking the shared van from the San Francisco airport? Yes ____ No ____

More information will be provided about the van and recommended flight times 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 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.)
- 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/).