Calvin2026 Retreat Registration
Retreat with Shaila Catherine
Co-sponsored by Bodhi Retreats and Insight Meditation South Bay
www.imsb.org

Location: 13550 Woolsey Road, Hampton, GA 30228

Dates/Times:

Full retreat: Thursday, October 1 – Sunday, October 11, 2026

Partial retreat: (Available as space permits.) Must begin on October 1 and include a minimum of 5 nights.

The retreat sign-in begins with registration from 2:30 – 4:00 pm on October 1. The retreat ends before lunch on October 11. 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. On the closing day, the program will end before 12:00 noon. If your travel arrangements necessitate an early departure on the final day, please inform the registrar in advance; we can accommodate early departures on the final morning.

Rooms are not available for the night prior to our retreat or the night following our retreat.

Cost:

- **Full retreat for single occupancy: 10 nights is $3700 – $3200 sliding scale (estimated actual cost for single is $3400)**
- Double occupancy sliding scale: $3000 – $2600 (estimated actual cost for double occupancy is $2800)

Fee covers only accommodations, food, and basic administrative expenses. There will be an opportunity at the end of the retreat to donate to the teacher.

The estimated actual per-person cost if we had used a fixed rate is $3400 for a single room, $2800 for a shared room. By selecting an amount above the estimated actual cost, your generosity supports those who need to select a lower rate to attend the retreat. Selecting an amount below the estimated actual cost is equivalent to receiving a partial scholarship.

The sliding scale will allow most scholarship needs to be self-managed. If you need additional scholarship support to attend, consider applying for a scholarship through https://opendharmafoundation.org, or contact our registrar for assistance through IMSB/Bodhi-Retreats.

Partial attendance may be arranged for a stay of at least 5 nights, but must begin on the first day of retreat, and priority is given to full retreat participants. We strongly encourage attendance at the full retreat. Applicants for partial attendance will be placed on a wait list which will be reviewed approximately 2 months prior to the retreat. Partial attendees will likely be housed in double occupancy rooms unless single rooms remain available 1 month before the retreat. You may contact the registrar to determine if single rooms for partial attendance are available.

The rates for partial attendance below are listed as single occupancy. Take 15% off the single rate for double accommodations:

- 5 nights (Thursday–Tuesday) is $2500 - $2000 sliding scale
- 6 nights (Thursday–Wednesday) is $2900 - $2400 sliding scale
- 7-9 nights sliding scale is same as full retreat

Deposit: $250 (Non-refundable)

Cancellation Policy:

The $250 deposit is non-refundable. The balance is handled as follows:

Two months before the retreat (Before August 1, 2026)
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).

Two months or less before the retreat (On or after August 1, 2026)
There is a $1,825 cancellation fee (includes the $250 deposit). The remaining balance of what you paid, up to $3400, 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 $3400 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 IMSB/Bodhi Courses must cancel the retreat (due to unforeseen circumstances), full refunds will be given to those registered at the time the retreat is canceled.

If you must cancel because you are ill with a contagious disease, we will grant you a 2-year voucher toward a future Bodhi-Retreats retreat or Bodhi-Courses online class for the amount of your registration fee less the deposit. This flexibility is intended to support your need to remain home and to prevent the spread of illness. However, this flexibility with the cancellation policy is only in cases of contagious illness and does not extend to any other reasons. We need a firm commitment to effectively organize the retreat.

COVID Guidelines:

We will be sending you updated guidelines for preventing the spread of COVID or other contagious diseases before the retreat. We may require some safety measures that might include testing prior to arriving or during the retreat, keeping some windows open for ventilation, and the possibility of masking indoors or isolation if symptoms of illness appear. Please do not apply to attend this retreat if you are resistant to wearing a mask or testing for COVID. We require compliance with our measures to prevent the spread of illness. Read our guidelines here.

Retreat Registrar: Katrina Bergbauer, meditation1@bodhicourses.org, (404) 660-5674.

To register, please:

- **Fill out the Online Registration Form**. You may preview the questions starting on the next page.
- **Send the deposit (minimum $250) by check or Zelle.** After you submit your online registration, you will receive an auto-confirmation email containing information on how to send the payment.
- **Remit the balance of the retreat fees via check or Zelle by <u>August 1, 2026</u>.**

  We are not currently accepting credit card transactions. Contact the registrar for alternative payment arrangements if check or Zelle are not possible for you.

Calvin 2026 Concentration & The Jhanas Retreat Registration

This form takes approximately 20 minutes to complete. You may download the PDF version of this registration form to preview the questions. It is best to complete and submit the form in one sitting. There is no guarantee that you can return to the survey with your responses saved if you quit halfway.

Note: This will be a non-smoking retreat.

Name: First_____ Last: _____

Email: _____

Address:

Street Address: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

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

Occupation: _____ Age: _____

How did you learn about this retreat?

_____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Experience

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 do not have the required experience, your attendance requires approval from the teacher.

Have you previously attended a retreat with Shaila Catherine?

- ○ Yes
- ○ No

(If no prior retreat experience with Shaila) **Is this your first residential retreat?**

- ○ Yes
- ○ No

Retreat

Please list the dates of previous retreats you have attended that were taught by Shaila Catherine.

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?

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

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.

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, smartphones, or the Internet, no texting, 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?

- ○ Yes
- ○ No

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.

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

- ○ Yes
- ○ No

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

1. To abstain from killing and harming living beings (This includes all beings, both human and otherwise.)
2. To abstain from stealing or taking what is not given
3. To abstain from sexual misconduct (On retreat, we abstain from all sexual activity.)
4. To refrain from false, malicious, or harsh speech (On this retreat, we will maintain silence except when speech is required during meetings with the teacher(s).)
5. To refrain from using intoxicants (This includes 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.)

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?

- ○ Yes
- ○ No

The schedule will include communal elements along with opportunities for seclusion. Self-scheduled practice periods may be included in the program. These self-scheduled periods foster self-reliance and personal discipline. However, this is not a self-retreat. Attendance at the morning and evening teachings, small group practice discussions, and certain elements of the scheduled program is expected and required. Do you understand that this is a group retreat, agree to follow the schedule, and work with the teacher(s)?

- ○ Yes
- ○ No

Is there anything else you would like the teacher to know that might help them guide your practice during this retreat?

References

(First-time retreatants with Shaila) Applicants are not always able to accurately assess their readiness to attend intensive group retreats, and we do not have staff resources to support special psychological needs. Therefore, we now require newcomers to Bodhi Retreats to provide two referrals from established meditation teachers, recognized sangha leaders, or previous participants of Bodhi Retreats. We may contact one or both of your references to verify that they perceive you as a mature, emotionally stable, suitable candidate for this intensive silent retreat. Please provide two references here.

Name of personal reference #1_____
Role or affiliation (such as meditation group that they lead, organization where they teach, association with a meditation community etc.) _____
Your reference's location (City/State/Country) _____
Your reference's email _____

Your reference's phone number _____

Name of personal reference #2 _____
Role or affiliation (such as meditation group that they lead, organization where they teach, association with a meditation community etc.) _____
Your reference's location (City/State/Country) _____
Your reference's email _____
Your reference's phone number _____

Medical Needs

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 accommodation, or affect the performance of a basic chore/yogi job. Indicate if you have any environmental sensitivities that might affect room assignments. If you have mobility limitations, please contact our retreat registrar for details about accessibility.

Would you have difficulty ascending one flight of stairs, or wish to request a room that is accessible without stairs?

- ○ Yes
- ○ No

Teacher Dana

Registration fees cover only food, accommodations, 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 of your donation to the scholarship fund: $_____
Please include your scholarship donation when you send your deposit or fees to the registrar. Scholarship contributions made via checks payable to Bodhi Retreats or Zelle transfer are not tax deductible. Scholarship contributions made via checks payable to "IMSB" or to "Insight Meditation South Bay" will be tax deductible. Please write a separate check for your donation to the scholarship fund if you wish to have it tax deductible. Write "B-R scholarship" on the memo line.

To request scholarship assistance, please email the registrar.

Deposit/Retreat Fee

How do you intend to pay the deposit/retreat fee?

- ○ Zelle transfer
- ○ Mail a check
- ○ Contact the registrar for alternative payment options (available only if the above two options are not possible)

Guidelines for Preventing the Spread of COVID

Even after the pandemic, we may take precautions to keep everyone safe from the spread of illness. Our guidelines to prevent the spread of illness will be adjusted based on current and changing conditions. To attend this retreat, all retreatants must agree to abide by our guidelines, remain on the property after arrival until the end of the retreat, wear a mask in indoor common areas if requested by our staff or teacher, test for COVID before traveling and possibly at designated times during the retreat and disclose the results of the tests to the retreat teacher/staff. Isolation on site may or may not be available, so participants must agree to leave the retreat if they become ill (even if it is not COVID), test positive for the coronavirus (even if symptoms are mild), or if for any reason they are asked to leave by the staff or teacher. Refusal to wear a mask or test for COVID if requested, and any refusal to comply with the teacher's instructions will necessitate an immediate departure.

Do you agree to comply with these measures?

- ○ Yes
- ○ No
- ○ Unsure (contact the registrar if you need more information to decide)

Read our current COVID prevention statement here.

Transportation to and from the Retreat

The Calvin Center is easily accessible by taxi or ride-share services from the Hartsfield Jackson Atlanta International Airport (ATL).

Rides

We encourage everyone willing to offer a ride or who needs a ride to communicate these offers and needs. More information will be provided about transportation after you register. Rides cannot be guaranteed, but we will do our best to match participants who need rides with those offering rides.

- ○ I will drive myself.
- ○ I will drive myself and can offer other participants a ride.
- ○ A friend or family member will drop me off and pick me up.
- ○ I intend to arrange a ride with a professional ride service or taxi.
- ○ I will be arriving by air and would like to reserve a seat on a shared van or town car service with other participants. The cost would be shared between the passengers.
- ○ I anticipate needing an arranged ride to the retreat center.
- ○ I do not know yet, but will make appropriate arrangements.
- ○ Other. Please explain:

(I will drive myself and can offer other participants a ride.)

If you're offering a ride to others, please indicate from which area, route, or airport.

_____

Can they contact you directly?

- ○ Yes
- ○ No

Phone and/or email (if different from the ones provided earlier)

_____

(I anticipate needing an arranged ride to the retreat center.)
Where would you need to be picked up?

_____

Do you have a plan for how you will depart and where you will go should you feel ill and need to leave the retreat early?

- ○ Yes. Please describe:

  _____
  _____
- ○ I am working on it and will develop my departure plan before I arrive at the retreat.

What questions or comments do you have about rides, precautions to prevent the spread of illness?

Diet

Three full meals are included in the retreat program. We will work with the kitchen staff to meet necessary dietary restrictions, but we do not have control over the menu or access to cooking facilities. There is a standard residential kitchen-sized refrigerator available to store some supplementary foods for those with special needs. If you have unusual dietary needs, contact the registrar.

Please indicate the category of food you will eat:

- ○ Omnivore (includes meat/chicken/fish)
- ○ Pescatarian (vegetarian but will eat fish)
- ○ Vegetarian
- ○ Vegan (no animal products such as eggs, dairy, meat)

If there are certain ingredients that you cannot eat under any condition for medical reasons, please explain below. For example, please indicate if you have food allergies, are dairy or gluten-free etc.

If you do not eat three meals each day, please indicate which mealtimes you will NOT attend.

- ☐ No Breakfast

☐ No Lunch
☐ No Dinner

Retreat Option
Please check the option you are signing up for. Priority will be given to participants signing up for the full retreat.

- ○ Full retreat: 10 nights, Thursday, October 1 – Sunday, October 11, 2026
- ○ Partial retreat, starting on Thursday, October 1:
  Enter the number of nights you will be staying (minimum of 5): _____
  Enter the date on which you plan to leave: _____
  Enter the approximate time that you plan to leave: _____

Additional nights are not available at this retreat for either early arrivals or late departures.

Calvin Center Accommodations, Bedding, and Towels:
Accommodations at the Calvin Center are primarily in modest hotel-style double rooms with ensuite bathrooms. Most rooms have one twin and one double bed. In addition, some participants will be housed in rustic lodges with dorm-style bunk rooms. To accommodate requests for single occupancy rooms, we must leave beds empty. Therefore, we have adjusted the rates along two sliding scales—for single and double accommodations. If you request a single, please be sure to explain your needs and preferences to facilitate rooming assignments.

The retreat center provides all sheets, blankets, pillows, and bedding for all accommodations.

What is your sex? This information is needed for potential roommate assignments.

- ○ Male
- ○ Female

Please select your rooming preference:

- ○ Single
- ○ Double with my spouse, partner, or friend
- ○ Double with another participant of the same sex

(Double with my spouse, partner, or friend) **Name of person you will be rooming with:**

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.

Would you be using a CPAP machine?

- ○ Yes
- ○ No

By entering my full 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 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 and to maintain silence, keep the precepts, respect the dress code, and comply with measures to prevent the spread of illness. I understand that attendance is at the discretion of

the teacher, and I agree to depart if requested by the teacher, and to bear any and all costs involved in an early or unexpected departure.

Full Name _____

Date of application _____

WAIVER OF LIABILITY

Voluntary Participation
1. I acknowledge that I have voluntarily applied to participate in all or part of the meditation retreat sponsored by Bodhi-Retreats and/or Insight Meditation South Bay that will be held October 1 – 11, 2026.

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; risks associated with hiking, including contact with poison oak and wildlife; and because this event is a group activity, the risk of being exposed to the COVID virus, even though precautions will be taken to prevent exposure. 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 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 Bodhi-Retreats and/or Insight Meditation South Bay, or one of its affiliates to participate in these activities and use their facilities, 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 Bodhi-Retreats, Insight Meditation South Bay, its affiliates, employees, agents or volunteers or any of its affiliated organizations for injury or damage resulting from acts, howsoever caused, by any employee, agent, volunteer, 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, volunteer, or contractor of Bodhi-Retreats or Insight Meditation South Bay or any of its affiliated organizations exhibits gross negligence, or intentionally acts in a manner likely to lead to my being harmed. I hereby release Bodhi-Retreats and Insight Meditation South Bay, and any of its 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 Bodhi-Retreats and Insight Meditation South Bay, or any of its affiliated organizations exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed.

Knowing and Voluntary Execution
4. By ENTERING MY FULL NAME BELOW, 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 Bodhi-Retreats and/or Insight Meditation South Bay, and/or its affiliated organizations, and sign it of my own free will.

_____
Full Name

Date of signature _____