

Retreat Registration **Concentration and Insight Meditation**

Co-sponsored by Bodhi Retreats and Insight Meditation South Bay
www.imsb.org

Location: Angela Center—Ursula Hall, 535 Angela Dr., Santa Rosa, CA 95403

Dates/Times:

Full retreat: Thursday, June 15 – Sunday, June 25, 2017

Partial retreat: Must begin on Thursday, June 15, and include a minimum of 3 nights. Coordinate departure date and time with the registrar.

The retreat sign-in begins at 1:00 pm and closes at 2:00 pm. The program will end at 11:30 am on Sunday, June 25. 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 with single-room accommodation is \$2000 – \$990 sliding scale.

Early arrival the evening of June 14 is an additional \$80. If you would like to arrive early, please notify the registrar.

All rooms are singles. Fee covers accommodations, food, and cook services. The cost is sliding scale, plus a donation to the teacher(s) at the end of retreat. The estimated actual per-person cost for this retreat (if we had used a fixed rate) is \$1500. By selecting an amount above \$1500, your generosity supports those who need to select a lower rate to attend the retreat. Selecting an amount lower than \$1500 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 \$675 and involve approximately 3-4 hours of work per day (mostly kitchen work, grocery shopping, and managing yogi jobs). One service role for an experienced cook or kitchen manager may be available with no retreat fees. Contact retreats@imsb.org for information.

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

3 nights (Thursday–Sunday) is \$900 - \$500 sliding scale

4 nights (Thursday–Monday) is \$1000 - \$600 sliding scale

5 nights (Thursday–Tuesday) is \$1100 - \$700 sliding scale

6 nights (Thursday–Wednesday) is \$1200 - \$800 sliding scale

7-9 nights (Thursday–Thursday, Friday, or Saturday) is the sliding scale of \$2000 – \$990

Deposit: \$250 (Non-refundable)

Cancellation Policy:

The \$250 deposit is non-refundable. Full payment is non-refundable after May 15, 2017. If you cancel after 5/15/2017, 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

Registration Form
Mindfulness, Concentration, and Insight Meditation Retreat
June 15–June 25, 2017

To register, please send:

- This Registration Form (pages 2-5)
- Minimum \$250 deposit (payable to Bodhi Retreats)
- The Waiver of Liability Form signed in ink

Fill out pages 2-5 of the Registration Form using this form fillable PDF version; or print the Registration Form, fill it out by hand, and scan the pages as a PDF document to email to the registrar. In addition, please print out, sign the Waiver of Liability Form (in ink), and mail to registrar via US Postal service.

Registrar's email address: retreats@imsb.org

Alternatively, both the Registration Form and the signed Waiver of Liability Form, along with the deposit check may all be sent by US Postal mail.

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

Katrina Bergbauer
225 Second Avenue
Decatur, GA 30030

* Remit the balance of the retreat fees by May 15, 2017 to the above address:

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, Thursday – Sunday, June 15-June 25, 2017

_____ Partial retreat, starting on Thursday, June 15:

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 June 14 (add \$80)

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(s).

Accommodations:

You will need to bring your own top and bottom bed sheets, pillow case, towels, and toiletries. If you are travelling, you may rent sheets and towels from the retreat center for approximately \$12 to \$15 for full set of sheets, pillow cases, and towels. If you arrange for early arrival, you will need to take care of your own dinner the day of your arrival and your own lunch the following day. A simple, light breakfast will be provided, and usually the early arrivers carpool to a nearby restaurant for lunch. But it is best to bring a snack just in case.

Angela Center is wheelchair accessible.

Are you? Male _____ Female _____

Single rooms: All rooms are single-occupancy, with shared bathrooms down the hall.

Dietary restrictions:

Two full meals are included in the retreat program, plus a light evening meal for participants who do not wish to participate in the monastic custom of refraining from eating after mid-day.

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 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; for example, whether you could chop veggies or cook oatmeal unsupervised.

Carpooling: Would you be willing to offer a ride to someone from your area? Yes _____

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

Phone and/or email: _____

A ride-sharing website will be set up for the retreat. We encourage anyone willing to offer a ride and anyone needing a ride to post your offer/need on the ride board. Information will be provided about the ride-sharing website and other transportation options after you register.

Dana

Registration fees cover food, accommodation, cook's services, 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.

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 (i.e., 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 that might make meditation practice difficult at this time (such as grief, recent loss, depression, addiction, psychological illness, drug addiction or 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 participants 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 in recent months (including plant-based ceremonial substances) refrain from attending this retreat.

5. This will be a silent retreat environment. Contact with the outside world is minimal. Retreatants need to be at ease with both silence and solitude. Silence is required. 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 cell phones, smart phones, texting, Internet use, e-mail, or any other form of communication.

Would this environment be problematic for you? _____ If yes, please explain.

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).

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—to be covered from shoulders to knees—no shorts (unless they are long enough to cover the knees when sitting), 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(s) 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(s), and I agree to depart if requested by the teacher(s), and 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/).