

INSIGHT MEDITATION CENTER

**JIKOJI RETREAT APPLICATION**

**August 19 to 23, 2009 with Andrea Fella and Heather Martin**

For questions please contact Cheryll Gasner: [imc.august.retreat@gmail.com](mailto:imc.august.retreat@gmail.com) (phone 650-465-3870)

This retreat is offered entirely on a *dana* or freely given basis. The teachers and cook will be serving without compensation, and the operational costs of the retreat (mostly for facility rental and food) will be paid from the IMC Retreat Fund. At the end of the retreat, participants may offer whatever *dana* or donation they wish to the teachers, the cook, and the IMC Retreat Fund.

To reserve a place at the retreat, please send in your completed (a) Application, (b) Participation Agreement and Liability Release, and (c) a \$100 deposit (payable to IMC) to the registrar:

Cheryll Gasner  
152 Granada Drive  
Mountain View, CA 94043

Your \$100 deposit will be refunded to you if (a) you cancel your reservation by August 5, 2009 or (b) you attend the retreat. Your deposit will be forfeited if you do not cancel by August 5, 2009 and then do not attend the retreat. Forfeited deposits will go to the IMC Retreat Fund.

As noted above, the operational costs of this retreat will be paid from the IMC Retreat Fund. If you would like to make a contribution to the Retreat Fund at this time, to extend this retreat opportunity to others in the future, please make a separate check out to IMC (with "Retreat Fund" in the memo space) and send it with your completed Application.

This retreat will be conducted in silence with a full daily schedule of sitting and walking meditation practice. Andrea and Heather will be offering meditation instruction, Dharma talks, and interviews. Registration will occur from 3:30 to 5:30 p. m. on Wednesday, August 19, 2009, followed by a light supper, and the retreat will end by **11:00 a.m.** on Sunday, August 23, 2009.

Name \_\_\_\_\_ Gender M:\_\_\_\_ F\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (eve) \_\_\_\_\_ (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_

Do you plan to camp? \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Meditation Retreat Experience** (This retreat is appropriate for beginning and experienced meditators.)

Please list your most recent *vipassana* retreat experiences (teacher, location, length, and approximate dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other retreat experiences you have had \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary and Medical Restrictions:**

Please circle your dietary restrictions: *no dairy no wheat no eggs other* \_\_\_\_\_  
Please describe any special medical needs or mobility limitations: \_\_\_\_\_  
\_\_\_\_\_

**Carpooling Is Necessary Due To Limited Parking at Jikoji:**

Can you provide transportation for others? *Yes No* If yes, for how many? \_\_\_\_\_  
Do you need transportation? *Yes No*

**Personal Retreat Intention: What is your intention in coming to this retreat? (use separate sheets if necessary)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments For Teacher: Is there anything else you would like the teacher to know before you come to this retreat?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_