

INSIGHT MEDITATION CENTER

JIKOJI RETREAT APPLICATION

September 25 to 27, 2009 with Andrea Fella and Pam Weiss

For questions, contact Curt Smith

Email: **curt_smith@mac.com** (preferred way to contact)

Or phone at 408.842.0988

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:

**Curt Smith
369 Summit Rd
Watsonville, CA 95076-9780**

Your \$100 deposit will be refunded to you if (a) you cancel your reservation by September 11, 2009 or (b) you attend the retreat. Your deposit will be forfeited if you do not cancel by September 11, 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 Pam will be offering meditation instruction, Dharma talks, and interviews. Registration will occur from 3:30 to 5:30 p. m. on Friday, September 25, followed by a light supper, and the retreat will end by 3:00 p.m. on Sunday, September 27, 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 _____

