



Registration Form

Name of Retreat Meditation on the River Dates Sept 24- Oct 2, 2009

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Age _____ Gender _____

Why do you want to attend this retreat?

Have you ever done a meditation retreat?

Do you have any concerns about attending this retreat?

Is there anything else you would like us to know?

Do you have any dietary restrictions?

Amount enclosed: _____

A \$200, non-refundable deposit is due with this application. The balance of \$450.00 is due by July 15, 2009.

Cancellation policy:

On or before July 15th, 2009 you will receive a full refund minus a \$50 cancellation fee.

On or before August 15th, 2009 you will receive a refund minus the \$50 cancellation fee and your deposit of \$200 (total of \$250).

After August 15th, 2009 there will be **no refunds.**