

## Retreat Registration

The Path of Awakening: Cultivating Insight and Concentration  
with Shaila Catherine

Co-sponsored by Dharma Zephyr Insight Meditation Community  
<http://www.dharmazephyr.org>  
and Mountain Stream Meditation Center

- Cost:** Registration fees are \$550 for the first five registrants; \$610 for the next five; and \$675 for all others. Limited scholarships are available – contact Tom Gray. A minimum \$300 deposit is required to secure your spot. The remaining balance is due by October 25, 2010. If registering after October 25, 2010, pay the full fee upon registration. If you are one of the first ten registrants, you will be notified of your total registration cost (i.e., \$550 or \$610) after your deposit is received; otherwise your total cost will be \$675. Registration fees cover accommodations in a dormitory or shared cabin, and three vegetarian meals each day. Single-occupancy cabins may also be available on a limited basis for \$100 extra, depending on attendance. Compensation for the teacher is not included in the registration fees. There will be an opportunity to offer dana/donations to the teacher at the end of the retreat.
- Cancellation:** Cancellation by August 10, 2010: full refund.  
Cancellation between August 10, 2010 and October 25, 2010: forfeit \$300 deposit.  
Cancellation after October 25, 2010: no refund.
- Location:** Galilee Episcopal Camp and Conference Center, Glenbrook, Nevada, on highway US 50 on the east shore of Lake Tahoe. Directions are available at <http://www.dharmazephyr.org>
- Dates/Times:** Monday, November 15 – Sunday, November 21, 2010. Please plan to arrive between 1:00 and 2:00 pm on Monday to check in. The program will end at 3:00 pm on Sunday.
- Contact:** Tom Gray, at [Tom@dharmazephyr.org](mailto:Tom@dharmazephyr.org) or at (775) 846-4658.

**To register:**

- Please send: (1) a minimum \$300 deposit check (payable to Dharma Zephyr), or the full fee if registering after October 25, 2010;  
(2) the completed Registration Form; and  
(3) the signed Waiver of Liability Form to the registrar:

Dharma Zephyr Insight Meditation Community  
c/o Tom Gray  
1835 Franklin Rd.  
Carson City, NV 89706

- (4) Remit the balance of the registration fees by October 25, 2010.

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## Registration Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age \_\_\_\_\_

How did you learn about this retreat? \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_

**Experience:** Is this your first residential retreat? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Accommodations**

**Note:** All participants must provide their own bedding (including sheets and blankets, or sleeping bags), pillows, towels, and toiletries.

Are you? Male \_\_\_\_\_ Female \_\_\_\_\_

Do you snore? No \_\_\_\_\_ Yes \_\_\_\_\_

**Roommate preference, if any:** (name) \_\_\_\_\_

Accommodations at Camp Galilee are in dormitories and cabins. If requesting one or more particular roommates, please ensure that all parties request each other. Staff will try to accommodate such requests if possible based on availability.

**Single rooms:** Some single-occupancy cabins may be available for an additional charge of \$100, depending on attendance.

Do you wish to request a single cabin?

No \_\_\_\_\_

Yes \_\_\_\_\_ To request a single cabin, please send a separate check for \$100 (made out to Dharma Zephyr) to the registrar. This check will be cashed shortly before the retreat if we are able to offer you a single cabin.

Please indicate if you have a medical need that requires private accommodations: \_\_\_\_\_

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### **Medical and dietary restrictions:**

Meals will be provided based on the categories below, unless you have additional dietary restrictions. Please check the appropriate box (or boxes) below.

Vegetarian (including eggs & dairy) \_\_\_\_\_

Vegan \_\_\_\_\_

Gluten Free \_\_\_\_\_

Lactose Free \_\_\_\_\_

Nut Allergies (specify) \_\_\_\_\_

If there are certain ingredients that you cannot eat under any conditions for medical reasons, please explain below.

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have any medical needs or mobility limitations?** Please give any other information that will assist us with your room assignment and your stay at Camp Galilee. Please note: all dormitories/cabins and the meditation hall have at least a few steps at the entrances. Ability to negotiate gentle hills is required, and some accommodations have short pitches of steeper dirt/gravel access.

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

If you need a ride, contact Tom Gray at [Tom@dharmazephyr.org](mailto:Tom@dharmazephyr.org) or at (775) 846-4658.

### **Dana**

Registration fees cover food, accommodation, and basic administration expenses. There will be an opportunity to offer donations/dana at the end of the retreat to support the teacher.

### **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 “Dharma Zephyr”. Please send your donation to the registrar and write “Retreat scholarship fund” 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?). Have you previously practiced jhana meditation methods? If so, please describe where, when, and what tradition, teacher, or center you learned from.

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

4. Please describe any mobility limitations, physical limitations, or injuries that would prevent you from doing sitting and walking meditation, or require special accommodation.

5. Please describe any psychological conditions that might make meditation practice difficult at this time (such as grief, recent loss, depression, addiction, psychological illness etc.). Concentration practice is a particularly intense form of silent meditation, not suitable for everyone. If you are experiencing intense emotional states, please check with your therapist to determine if this is an appropriate time for you to undertake a silent concentration retreat. We recommend that jhana practice be undertaken only by participants who are experiencing a considerable degree of mental stability.

6. 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. Noble Silence is required. Participants are asked to remain on the property during the course of the retreat. Would this environment be problematic for you? \_\_\_\_\_ If yes, please explain.

7. Is there anything else you would like the teacher to know that might help her 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. I understand that attendance is at the discretion of the teacher, and I agree to depart if requested by the teacher.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

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