

SOUTHERN INSIGHT MEDITATION RETREAT REGISTRATION FORM

(CLOSING DATE FOR REGISTRATION IS 7 DAYS PRIOR TO START OF RETREAT)

Name: _____

Age: _____

Address: _____

Occupation: _____

Telephone Number: _____

E-mail: _____

Name of Retreat Teacher: _____

Retreat Dates: _____

Amount of Deposit Enclosed : _____

(\$50 minimum, Cheques payable to:
Southern Insight Meditation)

Please outline in detail your background in meditation, if any (no./dates of retreats + name of teacher, type of tradition, years experience). It is important to complete this section carefully, as this is how the teacher determines your group for interviews:

In order to enable the teacher to provide appropriate guidance and support for you on the retreat, the following information is required. Ticking 'Yes' to any category does not mean you will be unable to participate in the retreat. This information is treated as confidential.

Medical History: Do you or have you ever experienced any of the following?

Asthma	Yes	No	Cancer	Yes	No
Chronic Fatigue	Yes	No	Alcohol or Drug Dependency	Yes	No
Eating Disorder	Yes	No	History of Psychiatric Illness	Yes	No
Mild or Severe Depression	Yes	No	Heart Disease	Yes	No
Recent Major Surgery	Yes	No	Any Long Term Chronic Illness	Yes	No
Other (please specify):					

Do you require transport to/from retreat? _____

Food on retreat is vegetarian, with a vegan option (please indicate below). For practical reasons any other diets cannot be catered for unless medically required: _____

Do you have any other special needs? _____

The retreat fee covers all meals, facility hire, the teacher's travel expenses, and admin costs. A subsidised rate of anywhere between half and full price is also offered for those on low incomes only. If you are able to, we ask that you pay the full amount, which is the actual cost of your retreat. If your financial circumstances preclude this, please pay the maximum amount you are able to, and Southern Insight will subsidise your retreat by the remainder. The balance is payable when you arrive at the retreat.

Please tick if you will need to pay less than the full cost.

Contact person in case of emergency on retreat: _____ Phone: _____

Where did you hear about the retreat? _____

Please tick if you do not want your name and address to be passed on to similar organisations.

All other information given on this form is completely confidential.

I agree to take full responsibility for myself during the retreat and to follow the retreat guidelines and the instruction of the teacher. I understand that this retreat is undertaken and continued with the agreement of the teacher(s).

Signed: _____ Date: _____

Please return to :- 6 Trent St, Christchurch, New Zealand.