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Zip code:

Finding our True Home

Mindfulness Retreat at Deer Park Monastery on October 11-16, 2013

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Last name:	First	name:				
Gender: Age: Street addr	ess:					
City: State	e: Zip	o:	Coun	itry:		
Daytime phone: ()	Evenin	g phone: (_)			
Email address:						
Emergency contact person:			Phone: ()		
Couples will be housed separately in dorm ro				25 increments: th limited means		her-end contribution the retreat.
 Couples will be housed separately in dorm ro stay together in tent. 	ooms, but can —					ng, and Tuition
, 0	-				Age	Cost
• Scholarships are available to those in need. S			Dorm		18+	\$650 - 750
considerations for families of 3 or more, your		(6	people per dori	m)	13-17	"
minorities. Contact us at deerpark@dpmail.ne	et or 760-291-	(**	1 1 F	′	6-12	\$325
1003, ext 100 for an application form.			Trailer dorm		18+	\$475 - 575
• For people with limited mobility or special	needs, please		(13 per trailer)		13-17	
contact us at deerpark@dpmail.net or 760-29	1-1003, ext 100		(- F)		6-12	\$300
so we may better serve you.			Camping		18+	\$375 - 475
Cancellation Policy:		(Please	e bring your ow:	n tent)	13-17	"
7 days prior to arrival: no refund;		(6-12	\$275
No refund of any portion of the registration available for late arrivals or early departure. Fill in below for adults or children in your particle.	es.	address:				
Last name First name	,	Age	Gender	Housing type		Amount
						\$
						\$
						\$
				ecommodation:		
Your generosity makes it	possible for those in nee			holarship fund: s are tax deductible		
				Total due:	_	
Please pay in ful (To keep your space in the re	ll, if unable please ser etreat, please make fu		on by July 19, 20		\$	
				Balance due:	\$	
Method of Payment: Discover	Check Money	Order 🗆	Master Car	d 🗆 Visa 🗆	Am Ex	press 🗆
Credit card #:	Exp. Date (mo/yr):	Card ho	lder's name:			
Card holder's authorizing signature:	Billing address of cree	dit card (require	ed by Bank for cred	lit processing):		

Dharma Discussion Groups

Discussion groups will be arranged according to geographic regions so you can connect with other practitioners who live near you. However, if there are enough people who show interest in the respective special groups, we will also offer Dharma Discussion Groups based on those special

interests. If you have an interest in one of the groups below, pleas you to a group according to your geographic region.	se check the group (please check one only). If you do not check a group, we will assign
☐ Coping w/Physical Limitations ☐ Family Practice ☐ People of Color ☐ The Practice of Ecology ☐ I Young Adults ☐ Veterans ☐ Health Profession	Educators Transforming Grief
To help us better organize the retreat, please answer	er the questions below:
Have you attended a retreat with us before? □ Yes □ No If you	es, how many? When was your most recent retreat?
\Box Yes, I have formally received the Five Mindfulness Trainings, my \Box	Dharma name is
\Box Yes, I have formally received the Fourteen Mindfulness Trainings; \Box	ny Dharma name is
☐ I have been connected with the ☐☐ I am not connected with a Sangha, but the length and description • My interests, thoughts, and/or questions concerning the practice.	
How did you hear about this retreat? □ Deer Park Website □ Newspaper: Which one?	□ Magazine: Which one?
☐ The Mindfulness Bell ☐ Friend ☐ Sangha Meeting	
□ Other Advertisement (specify type)	
require medical or psychiatric resources; regularly take any cor 760-291-1003, ext 100 so we may better serve you. Liability waiver: The following signatures indicate that p any injury or illness incurred while visiting Deer Park Monas	
Date/ Signed:	
Date/ Signed:	
Registration	& Method of Payment:
the latest. We ask everyone to make check payable to Unified Bud do not fax your registration form, unless you provide us with your	, ,
FOR OFFICE USE ONLY	Total Due: \$
Received:/ (Signed) Confirm	nation Sent:/ □ E-mail □ US Mail
Date/ Money Order Master Card	□ Visa □ Amex □ Discover
Date/ Check # Bank	
Data / / Cook (Compty)	2

Balance Due: \$_