### How to apply

To reserve a space at this retreat, please submit your retreat application, including:

- (a) Application Form
- (b) Participation Agreement and Liability Release
- (c) Retreat Registration Fee

You will receive an email acknowledgement that we have your application materials and registration fee. We will let you know that

- (1) You have a confirmed space in the retreat, or
- (2) The retreat is currently full, and
  - (a) you have been placed on the waitlist, if requested
  - (b) your registration materials & fee are being returned

Once your space in the retreat **is confirmed,** we will send you additional information regarding retreat logistics and a teacher interview form to fill out and return prior to the retreat.

For further info or with questions, email retreats.kd@gmail.com.

## Retreat application

Spring Vipassana Meditation Retreat - Sayadaw U Indaka w/ Kate Dresher May 19-26, 2019 at Lake Doniphan Retreat Center

#### Costs

**Wait list option** 

Retreat Fees & Payment Options: Please indicate your preferred room type and

| retreat fee, and your payment option below:   |
|---|
| Retreat Fee   |
| \$700.00 - Basic - Shared Double  |
| <b>\$800.00</b> - Basic - Single Room   |
| \$725.00 - Sustaining - Shared Double Room  |
| <b>\$825.00</b> - Sustaining - Single Room  |
| would like to share my room with  |
|   |
| (Room shares must be with those of same gender).  |
| **Contributions of sustaining retreat participants go toward ensuring the viability of the retreat and to support participants who would otherwise not be able to attend.   |
| Payment Options   |
| PayPal – Direct payment to retreats.kd@gmail.com  |
| Please be sure to specify a recipient-type option that does not charge you a fee through a percentage being removed from the amount sent.   |
| ** If you are paying via PayPal, your completed Application Form and Participation Agreement and Liability Release must be sent electronically to retreats.kd@gmail.com. Please specify "Registration" in the subject line.                         |
| Check - Payable to the retreat treasurer, Tricia Straub.  |
| ** If you are paying by check, you must print out and complete the Application Form and Participation Agreement and Liability Release and send them with your check to the retrearegistar: Karen Hodges, 2308 Cherry Ridge Lane, Columbia, MO 65203 |

Please place me on the waitlist if the retreat is full.

notified if a space in the retreat becomes available.

I understand my payment included here will be returned and I will be

# General retreat information

#### **Arrival:**

5:00-6:00 pm on Sunday, May 19th

#### **Departure:**

12:00 pm on Sunday, May 26th

#### Meals:

Vegetarian food will include a hearty breakfast, substantial lunch and light supper. Tea and simple snacks will be available at all times. Reasonable accommodation can be made for food allergies as well as vegan and gluten-free dietary restrictions.

#### **Accomodation:**

Accomodation will be in single and double rooms with baths.
Single rooms will be allocated on a first-come, first-served basis.

### **Emergency contact information:**

| Name:           |  |  |  |  |
|-----------------|--|--|--|--|
|                 |  |  |  |  |
|                 |  |  |  |  |
| Phone:          |  |  |  |  |
| Relationship:   |  |  |  |  |
|                 |  |  |  |  |
| Medical Doctor: |  |  |  |  |
|                 |  |  |  |  |
| Phone:          |  |  |  |  |
|                 |  |  |  |  |

# Retreat application

Spring Vipassana Meditation Retreat - Sayadaw U Indaka w/ Kate Dresher May 19-26, 2019 at Lake Doniphan Retreat Center

#### **Application agreement**

By applying to this retreat, you are agreeing to:

- (1) arrive on the day the retreat opens, Sunday, May 19th, between 5:00-6:00 pm
- (2) attend the entire retreat
- (3) pay the *retreat* cancellation fee, if you must cancel. Retreat cancellation fees are:

On or before March 1 - full refund

Between March 2 - April 2: \$100

No refunds can be issued after end of day on Thursday, April 2nd

#### **Applicant Information**

| Mailing Address:                           |        |            |  |  |
|--|--------|------------|--|--|
|  |        |            |  |  |
| City:                                      |        |            |  |  |
| State:                                     |        | Zip:       |  |  |
| Phone: (secondary)                         |        | (primary): |  |  |
| Email:                                     |        |            |  |  |
| Gender identity:  Female  Male  Non-binary | ome.   |            |  |  |
| Dietary Restriction                        | ons:   |            |  |  |
| l am Gluten Free:                          | No Yes |            |  |  |
| l am Vegan:                                | No Yes |            |  |  |
| l have<br>Food Allergies :                 | No Yes |            |  |  |
| If "yes" to any of above please describe:  |        |            |  |  |
|  |        |            |  |  |