

2011-12 Year-End Sesshin Registration Form

Name:

Address:

City/State/Zip:

Phone:

Email:

Allergies (food and otherwise):

Emergency Contact:

Phone:

I will attend the following nights (Circle all that apply):

ALL 26 27 28 29 30 31

By signing this form, I understand and agree that a Zen sesshin/retreat can be challenging physically as well as mentally. We ask that you use good judgment in how you challenge yourself during this sesshin/retreat and that you show your body proper respect during this time. Please always remember that the use of a chair during zazen is both acceptable and encouraged if necessary. Also, while we encourage you to enjoy and respect the silence of the retreat, we ask that you bring any serious concerns to the attention of Roshi Enkyo O'Hara or one of the senior students. By signing this document all participants acknowledge that they understand the challenges of this retreat and further agree to waive and release Village Zendo from any and all claims of injury connected with this retreat.

By signing this form, I further agree that my payment is 50% nonrefundable, that no registration is confirmed without full payment, and that rates will be higher if full payment is not received by December 8. I will either drop off this form at the Zendo or mail it to the address below. Single rooms are available for an additional fee of \$250.

Signature

Date

Att: Registrar Village Zendo 588 Broadway, Suite 1108 NYC, NY 10012-3229