

# TARA MANDALA RETREAT APPLICATION FORM

Please send this form to: Lizzy Hoke, Tara Mandala, PO Box 3040, Pagosa Springs, CO 81147  
 Include your payment (**minimum 100% of course cost**) payable to Tara Mandala.  
 Telephone: (970) 731-3711 | Fax: (970) 731-4441 | Email: info@taramandala.org

## Chöd with Lama Tsultrim Allione: July 8 - 12, 2009

**COURSE COST:** All course fees are on a sliding scale and vary according to accommodation choice, plus donation to teachers and volunteer staff at end of retreat. Please pay at the highest level of the sliding scale that you can afford. This allows others who need to pay less the opportunity to attend. One hundred percent of your payment above the lowest end of the sliding scale is goes directly to our scholarship fund. Please help us keep our administrative costs low by paying the entire fee with your registration, if possible.

**CANCELLATION FEES:** \$50 before June 8; \$100 before June 28. There are no refunds after June 28.

Is this your first retreat at Tara Mandala? Yes / No  **Please check if new address**

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**How did you hear about Tara Mandala?**  Web Search  Word of mouth (name?) \_\_\_\_\_  Shambhala Sun  
 Tricycle  elephant journal  Spirituality and Health  buddhadharma  Newspaper (name?) \_\_\_\_\_  TaraNet  
 Tara Mandala Program Guide  Flyer (where?) \_\_\_\_\_  email (what?) \_\_\_\_\_  Other \_\_\_\_\_

### ACCOMMODATIONS

<p><b>Please sign me up for:</b></p> <p><input type="checkbox"/> Double (\$740 - \$515)</p> <p><input type="checkbox"/> Queen Double (\$799 - \$565)</p> <p><input type="checkbox"/> Queen Single (\$875 - \$625)</p> <p><input type="checkbox"/> Camping (\$450 - \$325)</p>	<p><b>Please circle appropriate choice:</b></p> <p>Do you snore? Yes / No   Roommate request _____</p> <p>Do you need a room on the 1<sup>st</sup> floor? Yes / No   Are you? Male / Female</p> <p>Do you have any medical needs or mobility limitations? Yes / No</p> <p>Please explain: _____</p>
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**MEDICAL DIETARY RESTRICTIONS:** Nutritious, wholesome, balanced vegetarian meals are served during the retreat. The kitchen can not accommodate food preferences. If you have medical dietary needs, please note them here:

**RIDESHARE:** I am willing to offer a ride from  Albuquerque  Denver  Santa Fe  Durango  Other: \_\_\_\_\_  
 I request a ride from  Albuquerque  Denver  Santa Fe  Durango  Other: \_\_\_\_\_

**Tara Mandala Membership** (Sustaining Sangha)

Sustaining Sangha is the lifeblood of Tara Mandala. Please consider supporting Tara Mandala in this way and receive 10% - 20% off your retreat fee in exchange for your tax-deductible donation.

I am currently a member of Sustaining Sangha  
 I would like become a member of Sustaining Sangha

Please sign me up at \$30 | \$60 | \$200 | Other: \_\_\_\_ / month

Charge my credit card below monthly |  Check enclosed

**Shuttle** (to and from Durango Airport)

Shuttles are available on the first and last day of the retreat to and from the Durango Airport or Durango hotel for \$65 each way.

I would like a shuttle on July 8  
 I would like a shuttle on July 12

Flight information: Airline: \_\_\_\_\_

Flight in # \_\_\_\_\_ Time \_\_\_\_\_

Flight out # \_\_\_\_\_ Time \_\_\_\_\_

I will call or email with my flight information

	<b>PAYMENT</b>
Retreat Total (chosen from sliding scale)	\$ _____
Sustaining Sangha Discount	- \$ _____
(\$30-\$59/month = 10%   \$60+/month = 15%   \$1000+/month = 20%)	
Tax Deductible Donation to Tara Mandala	\$ _____
Shuttle (\$65 each way)	\$ _____
Early Registration Discount	- \$ _____
(-\$25 for <b>full</b> payments received before June 8)	
<b>Total .....</b>	<b>\$ _____</b>
<b>Amount enclosed (100% due now)</b>	<b>\$ _____</b>

**Payment method:**  Check  Credit Card  Money Order

Credit Card Information:  Visa  MasterCard  AmEx

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on card (print clearly) \_\_\_\_\_