

TARA MANDALA RETREAT APPLICATION FORM

Please send this form to: Lizzy Hoke, Tara Mandala, PO Box 3040, Pagosa Springs, CO 81147

Include your donation payable to Tara Mandala.

Telephone: (970) 731-3711 | Fax: (970) 731-4441 | Email: info@taramandala.org

Global Mala Ritual Offering: September 19, 2009, 11 am – 6 pm With Shiva Rea and Lama Tsultrim Allione

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 _____

MEDICAL DIETARY RESTRICTIONS: A Nutritious, wholesome, balanced vegetarian lunch will be served. 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: _____

Donation: \$27 \$54 \$108 Other _____

Tara Mandala Membership (Sustaining Sangha)

Sustaining Sangha is the lifeblood of Tara Mandala. Please consider supporting Tara Mandala in this way.

- 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

Tax Deductible Donation to Tara Mandala \$ _____

Total enclosed \$ _____

Payment method: Check Credit Card Money Order

Credit Card Information: Visa MasterCard AmEx

Card # _____ - _____ - _____ - _____ Exp Date: ____ / ____

Signature _____ Date _____

Name on card (print clearly) _____