

# TARA MANDALA RETREAT APPLICATION FORM

Please send this form to:  
Registrar, 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: registrar@taramandala.org

## Global Mala Ritual Offering: September 18, 2010, 10 am – 1 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 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) \_\_\_\_\_

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