

TARA MANDALA RETREAT APPLICATION FORM

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

Include your payment (**minimum 50% of course cost**) payable to Tara Mandala.

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

Month-Long Practice Period with Lama Tsultrim Allione & Lama Wangdu Rinpoche: October 16 – November 14, 2010

Please check : Dentog Chigma Ngondro Contemplative Practice Sadhana Group

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 September 16; \$100 before October 6. There are no refunds after October 6.

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>Please sign me up for:</p> <input type="checkbox"/> Double (\$2,795 – \$1,995) <input type="checkbox"/> Queen Double (\$3,075 – \$2,275) <input type="checkbox"/> Single (\$3,550 – \$2,895) <input type="checkbox"/> Camping* (\$1,795 – \$1,550)	<p>Please circle appropriate choice:</p> Do you snore? Yes / No Roommate request _____ Do you need a room on the 1 st floor? Yes / No Are you? Male / Female Do you have any medical needs or mobility limitations? Yes / No Please explain: _____
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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: For rideshare information please visit link: <http://groups.google.com/group/tara-mandala-rideshare>

<p>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. <input type="checkbox"/> I am currently a member of Sustaining Sangha <input type="checkbox"/> I would like become a member of Sustaining Sangha Please sign me up at \$30 \$60 \$200 Other: ____ / month <input type="checkbox"/> Charge my credit card below monthly <input type="checkbox"/> Check enclosed</p>	<p style="text-align: right;">PAYMENT</p> 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 full payments received before September 16) Total \$ _____ Amount enclosed (50% due) \$ _____
<p>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. <input type="checkbox"/> I would like a shuttle on October 16 <input type="checkbox"/> I would like a shuttle on November 14 Flight information: Airline: _____ Flight in # _____ Time _____ Flight out # _____ Time _____ <input type="checkbox"/> I will call or email with my flight information</p>	<p>Payment method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order Credit Card Information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx Card # _____ - _____ - _____ - _____ Exp Date: ____ / ____ Signature _____ Date _____ Name on card (print clearly) _____</p>

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*Be prepared for spring and fall camping conditions, with potential for snow and temperatures below freezing.