

TARA MANDALA RETREAT APPLICATION FORM

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

Include your payment **(\$250)** payable to Tara Mandala.

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

Chöd with Lama Tsultrim Allione: February 18 – 22, 2009 Key West Botanical Gardens, 5210 College Rd., Key West, Florida

CANCELLATION FEES: \$25 before January 18; \$75 before February 8. There are no refunds after February 8.

Schedule:

Wednesday, February 18: 7-9pm. Evening teaching required to attend retreat. Open to public and free.

Location: Downtown Key West, Tropic Cinema, 416 Eaton St.

Thursday, February 19 – Sunday, February 22. Chöd retreat

Location: Key West Botanical Gardens, 5210 College Rd.

Feb. 19: 7:30 pm evening teaching

Feb. 20 & 21: 10 am – 1 pm, 3 pm – 6 pm, and 8 pm – 9 pm

Feb. 22: 10 am – 1 pm. Retreat will conclude at 1pm. Sunday morning will include a Tsog (feast) and refuge ceremony.

Is this your first retreat at Tara Mandala? Yes / No

Please check if new address

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone (home): _____ Phone (cell): _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Do you have any special needs that we should know about?

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 retreats at Tara Mandala 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

PAYMENT

Retreat Total (\$250) \$ _____

Tax Deductible Donation to Tara Mandala \$ _____

Total \$ _____

Amount enclosed (100% due) \$ _____

How did you hear about this retreat?

Word of mouth – Name of person: _____

Advertisement – which one? _____

Internet search

Flyer – where? _____

Program Guide

Other: _____

Payment method: Check Credit Card Money Order

Credit Card Information: Visa MasterCard AmEx

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

Signature _____ Date _____

Name on card (print clearly) _____