

TARA MANDALA RETREAT APPLICATION FORM

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

Include your payment **(100% of course cost)** payable to Tara Mandala.

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

Feeding Your Demons Retreat with Tsultrim Allione: October 24-26, 2008 Light on the Hill: Ithaca, NY

COURSE COST: Course fee is \$270 and includes lodging and meals, but does not include teacher dana.

CANCELLATION FEES: \$25 before September 24; \$75 before October 14. There are no refunds after October 14.

Is this your first retreat with 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: _____

ACCOMMODATIONS

Please sign me up for:

- Single Bed (\$270)
- Queen Bed (limited number (\$270) to be shared between two people)
Bedmate: _____

Please circle appropriate choice:

- Do you need a room on the 1st floor? Yes / No | Are you? Male / Female
- Do you have any medical needs or mobility limitations? Yes / No
- Please explain: _____

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: _____ I request a ride from: _____

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

How did you hear about this retreat?

- Word of mouth – Name of person: _____
- Advertisement – which one? _____
- Internet search
- Flyer – where? _____
- Program Guide
- Other: _____

PAYMENT

Retreat Total (\$270) \$ _____

Tax Deductible Donation to Tara Mandala \$ _____

Total \$ _____

Amount enclosed (100% due) \$ _____

Payment method: Check Credit Card Money Order

Credit Card Information: Visa MasterCard AmEx

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

Signature _____ Date _____

Name on card (print clearly) _____