

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: April 11-13, 2008

COURSE COST: Course fees for the April 12 – 13 (10 am – 5 pm April 12, 10 am – 1 pm April 13) retreat at Wright Ranch is **\$180**. This does not include teacher dana which is offered at the end of the retreat. Please register for the evening talk on April 11 at Exhale Spa by phone at (310) 450.7676 or at the door; cost is \$20 in advance or \$25

CANCELLATION FEES: \$25 before March 12; \$75 before April 2. There are no refunds after April 2.

Is this your first retreat with 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: _____

ACCOMMODATIONS: No accommodations are available at Wright Ranch.

MEALS: Please bring your own bag lunch as meals are not served during this retreat. Tea and snacks will be provided.

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.

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 \$ _____

Sustaining Sangha Discount – \$ _____

(\$30-\$59/month = 10% | \$60+/month = 15% | \$1000+/month = 20%)

Tax Deductible Donation to Tara Mandala \$ _____

Please bring two cushions or pillows to sit on.

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) _____

Tara Mandala | PO Box 3040 | Pagosa Springs, CO 81147 | (970) 731-3711 | info@taramandala.org