

## Southern Insight Meditation Retreat Registration Form

(Closing date for registration ...)

<b>Name of retreat teacher:</b>		<b>Retreat dates:</b>	
Your name:		Age:	
Address:		Occupation:	
Telephone:		Email:	
System of payment. Please indicate which way you will be paying.			Amount of Deposit (\$50 minimum)
Online banking: - Southern Insight Meditation Kiwibank <b>38-9017-0230890-04</b> , please include your name and Retreat code eg. <b>SprJD17</b> with payment			
Cheques payable to: Southern Insight Meditation			
Cash			
Please outline in detail your background in meditation, if any (no./dates of retreats and name of teacher, type of tradition, years experience). It is important to complete this section carefully, as this is how the teacher determines your group for interviews:			
Medical History: In order to enable the teacher to provide appropriate guidance and support for you on the retreat, please contact Chrys 027 286 8653 or Sarah 027 6693824 if you currently have or in the past have had any of the following. Answering 'Yes' to any category does not mean you will be unable to participate in the retreat. This information is treated as confidential.			
Asthma		Cancer	
Alcohol or Drug Dependency		Eating Disorder	
Mild or Severe Depression		Heart Disease	
Recent Major Surgery		Anything else we need to know about	
Chronic Fatigue		History of Psychiatric Illness	
		Any Long Term Chronic Illness	
Do you require transport to/from the retreat?	Yes	No	Can you offer someone a ride to/from the retreat
			Yes
			No
Food on retreat is vegetarian, with a vegan option. For practical reasons any other diets cannot be catered for unless medically required.		Vegan option	Yes
			No
Do you have any other special needs?			
The retreat fee covers all meals, facility hire, the teacher's travel expenses, and admin costs. A subsidised rate of anywhere between half and full price is also offered for those on low incomes only. If you are able to, we ask that you pay the full amount, which is the actual cost of your retreat. If your financial circumstances preclude this, please pay the maximum amount you are able to, and Southern Insight will subsidise your retreat by the remainder. The balance is payable when you arrive at the retreat.			
Please tick if you will need to pay less than the full cost.			Amount:
Contact person in case of emergency:		Name:	
		Phone number:	
Where did you hear about this retreat?			
By submitting this form, I agree to take full responsibility for myself during the retreat and to follow the retreat guidelines and the instruction of the teacher. I understand that this retreat is undertaken and continued with the agreement of the teacher(s).			
Name:			Date:
Either print and post to:		265 Kennedys Bush Rd, Christchurch 8025, New Zealand	
Or save and email as attachment to:		southern.insight.meditation@gmail.com	