



**CHUNG TAI ZEN STUDY GROUP OF DENVER**

**Zen Meditation Retreat Registration Form**

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Retreat: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>English Name</b>					<b>Chinese Name</b> (if any)					<i>Photo (optional)</i>
<b>Dharma Name</b>					<b>Preceptor of Three Refuges</b>					
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Age</b>			<b>Nationality</b>				
<b>Address</b>	<input type="checkbox"/> Home <input type="checkbox"/> Office		<b>E-mail</b>							
	<b>Street Address</b>									
	<b>City</b>			<b>State</b>		<b>Zip</b>				
<b>Telephone</b>	Home	( )			Office	( )				
	Cell	( )			Fax	( )				
<b>Place of Work</b>					<b>Position</b>					
<b>Contributor Information</b>	<input type="checkbox"/> Monthly Contributing Member <input type="checkbox"/> Other _____ <input type="checkbox"/> Please send me info									
<b>Previous Experiences and Practices</b>	<b>Past Participation</b>	Did you ever attend any Zen study classes hosted by Chung Tai Zen Study Group of Denver? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	<b>Please describe your experiences in Buddhism and/or meditation (IN DETAIL)</b>									
<b>Emergency Contact</b>	<b>Name</b>				<b>Phone</b>	( )		<b>Relationship</b>		
<b>Health Condition</b>	Please check all that apply: <input type="checkbox"/> Heart Disease <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Snoring <input type="checkbox"/> Other conditions: _____									
<b>Remarks</b>	(1) Please complete this application <b>LEGIBLY</b> and return it by mail to: 562 S Union Blvd., Lakewood, CO 80228 Tel : Hoppy(303-961-5881) Sue(303-522-8395) E-mail : <a href="mailto:suemoyers1218@yahoo.com">suemoyers1218@yahoo.com</a> (2) Room reservations are limited; please call the Holiday Inn Summit County to make your reservation ASAP at 800-465-4329. (3) Applications are accepted from now on and must be received by September 12, 2008. We will notify you within one week after receiving your application. (4) Please do not apply if you are pregnant.									
<b>AGREEMENT</b>	<b>I hereby agree not to hold Chung Tai Zen Study Group of Denver or any of its members responsible should any accidents and/or sicknesses occur during this retreat.</b>  Signature: _____ Date: _____									

<b>Office Use</b>	Approved by: _____
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Serial No.: \_\_\_\_\_