

Metta Dharma Foundation

The Liberating Practice of Jhana RETREAT APPLICATION

**Ben Lomond, CA
Friday, March 26 – Sunday
April 4, 2027
with Richard Shankman**

For further information or questions please contact metta@mettadharma.org

Most participants will share a double room. There is a limited number of single rooms, and you may camp.

The cost of the retreat is:

\$1890 for a shared room.

\$3780 for a single room.

\$800 to camp.

The retreat fee covers the cost of the retreat facility rental and food only. The teacher will be serving without compensation. At the end of the retreat, participants can offer whatever *dana*, or donation, they wish to the teacher.

To reserve a place at the retreat, please send in your completed (a) Application and (b) Participation Agreement and Liability Release to metta@mettadharma.org. You may submit payment through Paypal on the mettadharma.org website. You can also mail your application and participation agreement, along with a check, to: Metta Dharma Foundation, 79 Templar Place, Oakland, CA 94618

Cancellation Policy:

8 weeks prior: Full refund minus \$50

4-8 weeks prior: Full refund minus \$200

4 Weeks or less: No refund

Location: Quaker Center 1000 Hubbard Gulch Rd., Ben Lomond, CA 95030, 408-742-9562.

Refer to the Retreat Information Sheet for location details and directions to the retreat center.

Arrival and registration will occur from 3:30 to 5:30 p. m. on Friday, March 26, followed by a light supper. The retreat will end by noon on Sunday, April 4.

This retreat will be conducted in silence with a full daily schedule of sitting and walking meditation practice. Richard will be offering meditation instruction, Dharma talks, and meditation practice interviews. Participants will be asked to observe five precepts of ethical behavior during the retreat: 1) refraining from harming living beings, 2) taking what is offered and refraining from stealing, 3) refraining from sexual activity, 4) maintaining noble silence, and 5) refraining from the use of drugs and alcohol (prescription and other needed medications should be taken as required). Please refer to the retreat information sheet for full details about the retreat and the five precepts.

Please Print Clearly:

Name _____

Address _____ City _____ State _____ Zip _____

Phone (eve) _____ (day) _____ (cell) _____

Email _____ Birth Date _____

For Room Accommodations: Gender: M__ F__ Transgender__ Non-binary__ Other _____**What gender pronoun(s) do you prefer?** _____**Do you plan to camp?** _____**Emergency Contact:**

Name _____ Phone _____ Relationship _____

Meditation Retreat Experience (This retreat is appropriate for beginning and experienced meditators)Please list your most recent *vipassana(insight)* or *concentration* retreat experiences (teacher, location, length, and approximate dates):

Please list other retreat experiences you have had: _____

Dietary and Medical Restrictions:Please circle your dietary restrictions: *no dairy* *no wheat* *no eggs* *other* _____

Please describe any special medical needs or mobility limitations: _____

Carpooling:

Can you provide transportation for others? *Yes No* If yes, for how many? _____

Do you need transportation? *Yes No*

Personal Retreat Intention: What is your intention in coming to this retreat? (use separate sheets if necessary) _____

Comments For Teacher: Is there anything else you would like the teacher to know before you come to this retreat? _____

Additional Comments _____
