

Metta Dharma Foundation

**Calming the Mind, Opening to Insight
RETREAT APPLICATION**

Ben Lomond, CA

April 10 to 17, 2020 with Richard Shankman

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

The cost of the retreat is \$645. The retreat fee covers the cost of the retreat facility rental and food only. The teacher and cook(s) will be serving without compensation. At the end of the retreat, participants will have an opportunity to offer whatever *dana*, or donation, they wish to the teacher and the cook(s).

To reserve a place at the retreat, please send in your completed (a) Application, (b) Participation Agreement and Liability Release, and (c) a \$150 deposit payable to Metta Dharma Foundation to:

Metta Dharma Foundation
195 41st St #11038
Oakland, CA 94611-9991

Full payment is due at retreat check-in.

Your \$150 deposit will be fully refunded if you cancel your reservation by January 5th, 2020. If you cancel between January 6 and February 5 your refund will be \$100. If you cancel between February 6 and March 5 your refund will be \$50. No refund if you cancel after March 5. Regardless of when you cancel your reservation, we will refund the full amount of your deposit if we are able to fill your slot in the retreat.

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, April 10, followed by a light supper. The retreat will end by noon on Friday, April 17, 2020.

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 _____
