

GMZC SESSHIN APPLICATION FORM



From _____ to _____
 (Date) (Date)

NAME _____
 PHONE (H) _____ (W) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 E-MAIL: _____

[Note: Participants at sesshin may find some aspects of the retreat physically or emotionally demanding. In order to help maintain a safe environment for you and others, we ask the following questions. The following information will be kept confidential. It is requested solely in the event of an emergency.]

Are you a current GMZC member? _____

Do you have any known physical or mental condition that could affect your ability to participate in the retreat? ___ Yes ___ No. If so, please summarize briefly, and, if applicable, provide the name of your health care practitioner who we may contact in the event of an emergency: _____

Please list any critical medications you take on a regular basis, and dosages: _____

Please list any critical food, drug or environmental allergies you may have: _____

List any work skills that might be relevant to participating in community work practice _____

Have you ever been in psychotherapy? ___ If so, when? _____

Have you ever been hospitalized for psychiatric treatment? _____

If so, when and why? _____

How would you rate your physical health (good, fair or poor)? _____

FEES

Weekend Sesshin	Regular Member		Non-member
Full-time	\$160		\$200
One day	\$80		\$100

7 Day Sesshin	Regular Member		Non-member
Full-time	\$560		\$700
One day	\$80		\$100

Your total fee for retreat is \$ _____.

In case of accident or serious illness, whom should we notify?

Name	Address	Phone	Relationship
_____	_____	_____	_____

Full time attendance applications will have priority over part time if the zendo is full. **Part-time attendance will require a minimum commitment TBD. Talk to Center staff about the acceptable minimum participation.**

Bring your bedding (sleeping bag or blanket), a towel and toiletries. If you forget, the Center will supply items at a charge.

Parking is limited and assigned. Please carpool or have someone drop you off and pick you up.

Your deposit is: 25% of your fee and is due 2 weeks prior to sesshin. Payment of retreat balance must be received in full at start of retreat.

Arrive no later than 6:30 PM on the day sesshin starts. If you are new to GMZC, please arrive at 6:00 PM for orientation.

- * In order to minimize distraction during retreat please wear dark, muted clothes.
- * Please notify a GMZC staff member if for any reason you have to change your attendance schedule from that indicated on your application.
- * It is important to keep silence at all times. If a problem arises talk only with one of the people in charge.
- * Avoid the use of jewelry, perfumes and other similar things that could be distracting to others during the retreat.
- * Do not use cell phones during sesshin unless there is an emergency.

RELEASE

Member at the Great Mountain Zen Center may find some aspects of the program physically or mentally demanding. The program does include physical work and a vigorous daily schedule. I may freely decline to participate in any work that in my sincere judgment is dangerous to my health. I realize that I should consult with a teacher from the Center at any time to resolve any difficulties I might have. I will not leave the grounds of the Center during a program without consulting with a teacher.

I agree to release Great Mountain Zen Center from liability from any injury I suffer and to indemnify Great Mountain Zen Center for any injury to others caused by me.

Signature _____ Date _____

If you are mailing in your payment, please send this application with a check payable to GMZC to:

Great Mountain Zen Center
2532 County Road 15 South, Berthoud, CO 80513
720-971-7553
gmzc@gmzc.org
www.gmzc.org