Retreatant Yogi Questionnaire & Application Wise Concentration Retreat Nov. 5-7, 2010 San Geronimo Lodge – Taos, NM 87571

The Mountain Hermitage PO Box 807 Ranchos de Taos, NM 87557 phone: 575-758-0633 e-mail: hermitage@mountainhermitage.org Website: www.mountainhermitage.org

Please answer the following questions about your meditation, medical and psychological history. **This information is confidential** and strictly for the use of the retreat teacher, Marcia Rose, to guide you more skillfully in your practice. it will be destroyed at the end of the retreat. **Please be as complete as possible and print clearly.**

Thank you.	
Name	Sex []Female []Male
Mailing Address	
City/State/Zip	
Phone	e-mail
Occupation	Date of birth
	evious retreats; Concentration/Jhana or Samatha, Vipassana (Insight s), that you have attended. (Please use extra sheet of paper if necessary.
Indicate any other meditation experie	ence.
Indicate your current daily or weekly	spiritual practice(s).
Are you currently seeing a therapist of	or counselor? []Yes []No
If so, does your therapist approve yo	our attending this retreat? []Yes []No
Have you ever been diagnosed with If so, please describe the diagnosis,	a psychological condition? []Yes []No treatment and dates.
Have you ever attempted to take you	ur life? []Yes

If so, please state when.

Do you have any history of physical illness or limitations which might be aggravated by or interfere with sitting and walking meditation? []Yes []No If so, please describe.
Are you currently taking any medications for physical or psychological conditions? []Yes []No
Describe any present circumstances which might be placing you under additional stress or make meditation difficult for you (such as recent loss of a loved one or a job, substance abuse, fasting, etc.)
Add any additional comments you would like to convey to the teacher.
FEES are on a sliding scale to allow you to pay according to your means. Please pay at least the midrange amount if you are able, to allow others to attend who need to pay less. Note that the midrange amount represents the actual cost of the retreat.
Sliding Scale Fee: \$134 (low) \$184 (actual cost) \$234 (benefactor)
Please indicate the amount you are able to pay (Any amount paid above the mid-range is a tax-deductible donation.)
Any dana offered to the teacher(s) or Hermitage staff (cook and retreat manager) is over and above the retreat fees listed above.
This retreat will have some scholarship support available. Are you applying for scholarship support? Yes / No
If Yes, please fill out and include the scholarship application along with this application.
If you would like to make a tax-deductible donation to The Mountain Hermitage Scholarship Fund to help others attend this retreat, please indicate the amount
Please include a \$60 deposit with this application to reserve your space.
How did you hear about this retreat? Attended previous Hermitage retreat(s) Hermitage e-mail flyers or e-newsletter Printed flyer Advertisement in Buddhadharma Magazine Advertisement in Inquiring Mind Magazine Word of Mouth Other (Specify)

we contact on your behalf? Please provide the name and contact information of someone who would be available during your stay at the retreat.
Name:
Phone:
E-mail:
Relationship:
Alternate contact, if available:
Your Signature
Date
Please return this form to: The Mountain Hermitage PO Box 807 Ranchos de Taos, NM 87557

EMERGENCY CONTACT: In case of any emergency where you may need support or assistance, who may

Thank you. May your practice serve towards the welfare and happiness of all beings everywhere.

E-mail: hermitage@mountainhermitage.org