

THE MOUNTAIN HERMITAGE
Finding Freedom Through Insight Meditation
One-week Retreat: June 27– July 3, 2015
Columbine Inn, Taos Ski Valley, New Mexico, USA

APPLICATION FORM

Please read the Introduction and Practice Guidelines before completing this application form. We respectfully request that you answer all questions completely and honestly. This form is confidential and will be seen only by the retreat teachers, and will be destroyed at the end of the one-week retreat.

Applications and deposits are requested by April 10, 2015. Late applications will be considered on a space available basis.

Name:

Address:

City/State/Zip/Country:

Phone:

Email:

Date of Birth:

Gender:

Occupation:

Please provide dates, locations and teachers of previous Vipassana or Metta retreats. Attach additional sheet if necessary.

Indicate any other meditation experience:

Describe your current daily or weekly practice(s):

Are you currently in treatment with a therapist or psychiatrist? Yes / No

Therapist's Name:

Office phone:

Emergency Phone:

Psychiatrist's Name:

Office phone:

Emergency Phone:

Is your therapist and/or psychiatrist aware that you are attending this retreat? Yes / No

In the unlikely event of a psychological emergency, may we contact your therapist and/or psychiatrist? Yes / No

Have you ever been diagnosed with a psychological condition or mental illness? Yes / No

If so, describe the diagnosis, treatment and dates.

Have you ever made a serious attempt at taking your life? Yes / No

If so, please state when, and what treatment you have had following this attempt:

Do you have any history of physical illness or limitations that might be aggravated by or interfere with sitting and walking meditation? Yes / No

If so, please describe:

Do you have any physical limitations that would prevent you from participating in the daily work period? Yes / No

If so, please describe:

Are you currently taking any prescription medications for physical or psychological conditions? Yes / No

If so, please list each medication and daily dosage, as well as the condition it is being used to treat:

We offer a simple, balanced vegetarian diet. Our capacity to accommodate customized diets is limited. Do you have any specific medical food needs or allergies that would not be provided for in our diet? Yes / No
If so, please specify:

Describe any present circumstances creating additional stress for you that may make meditation more difficult (e.g. recent loss of a loved one or job, illness, substance abuse, fasting, etc.):

FEES are on a sliding scale to allow you to pay according to your means. Please pay at least the mid-range amount if you are able to allow others to attend who need to pay less. *Note that the mid-range amount represents the actual cost of the retreat.* There will be a mix of single and double rooms. Anyone paying below actual cost may be sharing a room.

Sliding Fee Scale:
\$444 (low) \$644 (actual cost) \$844(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 teachers or Hermitage staff (cook and retreat manager) is over and above the retreat fees listed above. Please see dana section in The Mountain Hermitage Practice Guidelines document for more information.

The retreat will have some additional 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 indicate the deposit you are enclosing with this application _____
(Minimum deposit is \$275)*

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) _____

EMERGENCY CONTACT

In the case of any emergency where you may need support or assistance, who may we contact on your behalf? Please provide the name of someone who would be available during your stay at the retreat.

Name:

Phone:

Email:

Relationship:

Alternate contact, if available:

BY SIGNING MY NAME BELOW, I, (PRINT NAME)

CONFIRM THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. IF AT ANY TIME MY CIRCUMSTANCES CHANGE, I WILL INFORM THE MOUNTAIN HERMITAGE.

SIGNED:

DATE:

PLEASE SEND THIS FORM, WITH YOUR DEPOSIT (Made payable to: THE MOUNTAIN HERMITAGE) TO:

THE MOUNTAIN HERMITAGE
PO BOX 807
RANCHOS DE TAOS
NM 87557
USA

You will be informed of your acceptance status within one month after your application and deposit have been received. Your deposit will be applied to the total retreat cost with the balance due upon your arrival at the retreat or before. Your deposit/application fee will be refunded in full if you are not accepted for participation in the retreat.

THANK YOU – AND MAY YOU BE VERY WELL AND HAPPY