

THE MOUNTAIN HERMITAGE
Recognizing Natural Awareness
with Greg Scharf

One-Week Insight Meditation Retreat: July 7 - 14, 2023
at Hyperslow Retreat @ San Geronimo Lodge, Taos, NM

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 teacher, and will be destroyed at the end of this week-long retreat.

Applications and deposits are requested by June 7, 2023. Late applications will be considered on a space available basis.

Name:

Address:

City/State/Zip/Country:

Phone:

Email:

Date of Birth:

Pronouns:

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? Please be as specific as possible. 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.):

Silence and Renunciation

I undertake the commitment to uphold the silence and to participate fully in this retreat, without leaving and returning (except in the case of emergencies or medical needs): Yes No

I am willing to undertake the training to refrain from using electronic devices (cell phone, laptop, computer, tablet, etc...) while on retreat: Yes No

Add any additional comments you would like to convey to the teacher(s).

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.

Sliding Fee Scale TBD
\$ 800 (low) \$ 1000 (actual cost) \$ 1289 (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, retreat manager, admin) 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 or Lion's Roar Magazine
- ____ Advertisement in Tricycle 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