

**THE MOUNTAIN HERMITAGE**  
**2025 Twenty-Day Vipassana Retreat with Sayadaw U. Vivekananda**

**May 6 - 26, 2025**

**Hyperslow Retreat Center @ San Geronimo Lodge, Taos, NM**

**APPLICATION FORM**

Please read the Retreat Information and Practice Guidelines before completing this application form. We respectfully request that you answer all questions completely and honestly. Applications and deposits are requested by April 6, 2025. Late applications will be considered on a space available basis.

This form is confidential and will be seen only by the Hermitage retreat teacher(s), and will be destroyed at the end of the retreat.

Name:

Address: City/State/Province/Zip/Country:

Phone:

Email:

Date of Birth:

Pronouns:

Occupation:

Please provide dates, locations and teachers of previous Vipassana, Metta, or Concentration retreats.

**Applicants must have sat three or more 7-10 day retreats or a retreat of one month or longer.** Preference will be given to those who have experience in the Mahasi style of practice. Attach additional sheet if necessary.

List dates, style of practice, duration, and locations of any intensive meditation practice in self-retreats. Attach additional sheet if necessary.

Dates, teachers, and duration of retreats in other traditions. Attach additional sheet if necessary.

Describe your current daily practice:

Which teacher is most familiar with your practice?

May we contact them? Yes / No

Contact information for the teacher.

Names and contact information of other teachers we may contact as references.

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

Is your therapist and/or psychiatrist familiar with the demands of a meditation retreat? Yes / No

In the 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?

If so, describe the diagnosis, treatment and dates.

Are your symptoms currently well controlled? Yes / No

If no, please describe your current symptoms:

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 emotional instability during intensive meditation retreats? Yes / No

If so, please describe:

How do you assess your current ability to work with emotional swings?

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:

Are you currently taking any non-prescription medications or food supplements? Yes / No

If so, please list each medication/supplement and daily dosage:

Do you currently smoke cigarettes? Yes / No

If so, how many pack of cigarettes per day? \_\_\_\_\_

Do you currently drink alcohol on a regular basis? Yes / No

If so, have you ever had any problems abruptly stopping alcohol usage?

Do you currently use any recreational drugs (e.g. marijuana, cocaine, ecstasy)? Yes / No

If so, are you able to abstain from all recreational drugs during your retreat? Yes / No

Our capacity to support ongoing medical needs is very limited. Do you have any medical needs that require leaving the twenty day retreat? Yes/No

If so, please describe:

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:

Do you have any condition that would prevent you from following the Sixth Precept of eating only breakfast and a noon lunch? Yes / No

If so, please describe:

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, fasting, etc.):

The retreat is a silent environment. Long-term retreatants need to be at ease with both silence and solitude. Would this environment be problematic for you? Yes / No

Have you thoroughly reviewed and understood the Introduction document and Practice Guidelines? Yes / No

If you have any questions relating to the Introduction and Practice Guidelines, or any other aspect of the retreat, please ask them here:

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

Please write a detailed statement describing your intentions for practice and any additional comments you would like to convey to the teacher(s). Attach additional sheet if necessary.

**FEES** are on a sliding scale to allow you to pay according to your means. There is no fee for monastics, but space is limited. Please pay at least the mid-range amount if you are able, to allow others to attend who need to pay less. The mid-range amount (\$3649) represents the "actual cost" of the retreat. A portion of our scholarship fund is being allocated for this retreat to allow us to continue to offer the "low" range on the sliding scale. Please note the special deposit situation written below. If you would like to pay your deposits and balance due by credit card, please contact Kathy the TMH office manager at [hermitage@mountainhermitage.org](mailto:hermitage@mountainhermitage.org)

**Sliding Scale: \$3449 (low) \$3649 (actual cost) \$4561 (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, or office manager) is over and above the retreat fees listed above. Please see the Dana section in The Mountain Hermitage Practice Guidelines document for more information.

The retreat will have limited scholarship support available. Are you applying for scholarship support? Yes / No

If Yes, please fill out and include a scholarship application form along with this application form. 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 \_\_\_\_\_

**Special Deposit situation!** We have a large rental fee payment due early so we need to request more deposit money from you for this particular retreat. Please note that recently we have had to change our deposit, refund, and cancellation policies. This change is due to a large number of people cancelling after we had paid our non-refundable rental payment for the Spring 2023 retreat. If you cancel on or before March 5, 2025 (and if there is a waitlist), your deposits will be refunded minus \$25 cancellation fee. If you cancel on or before March 5, 2025 (and if there is no waitlist), your deposits are non-refundable. If you cancel on or after March 6, 2025, your deposits are non-refundable. ***Please consider carefully if you are fully committed to sitting this retreat.***

***\*\*An initial deposit of \$1250 USD is required to accompany your application.***

***\*\*Another deposit of \$1250 USD is due before February 21, 2025.***

***\*\*The remaining balance can be paid at any point on or before May 6, 2025.***

Please indicate the amount you are enclosing with this application\_\_\_\_\_

**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, THE LIABILITY WAIVER FORM, AND YOUR FIRST DEPOSIT (Checks made payable to: THE MOUNTAIN HERMITAGE) TO:

THE MOUNTAIN HERMITAGE  
 PO BOX 807  
 RANCHOS DE TAOS  
 NM 87557-0807 USA

*You will be informed of your acceptance status within one month after your application and first deposit have been received. If you are not accepted for participation in this retreat, your initial deposit will not be banked. If you are accepted into the retreat, your initial deposit will be banked and you will be reminded to pay the second deposit in a timely manner. Your deposits will be applied to the total retreat cost with the balance due upon your arrival at the retreat or before.*

**THANK YOU – AND MAY YOU BE VERY WELL AND HAPPY**