

**MOAB SANGHA**  
**RESIDENTIAL MEDITATION RETREAT**  
**AT CANYONLANDS FIELD INSTITUTE PROFESSOR VALLEY RUSTIC CAMP**

This registration packet is for the RESIDENTIAL MEDITATION RETREAT PRESENTED BY THE MOAB SANGHA AT CANYONLANDS FIELD INSTITUTE PROFESSOR VALLEY RUSTIC CAMP. Please familiarize yourself with the terms for payment, cancellation, and refunds listed on this page. If you choose to apply for the retreat please complete the following two pages and return to us with your payment.

**To reserve your place please send in the following materials:**

- Pages 2 & 3 of this document (Registration Form and Interview Questionnaire)
- Full payment - \$20 discount if registered and paid by August 30.

Reservations are confirmed on a first-come, first-served basis. If the retreat is full, you'll be placed on a waiting list. No payment is necessary to be placed on the waiting list.

The full retreat cost is \$130 - \$150 sliding scale. There is a \$20 discount available for those who register and pay by August 30.

**Make check payable to Dorothy Harding and send to:**  
Dorothy Harding, 612 Nichols Ln, Moab, UT 84532

**Refund and Cancellation Policy**

If the Moab Sangha finds it necessary to cancel the retreat due to under-enrollment or other unexpected conditions, your payment will be returned. If you find it necessary to cancel, your retreat fee will be refunded according to the following schedule:

1. Cancellation received 30 days before retreat: 50% refund of full retreat cost.
2. 30 or fewer days before retreat: A refund of 50% of full cost if the retreat vacancy can be filled.

**IMPORTANT NOTES**

All retreats are strictly non-smoking. Alcohol and drugs are also not allowed.

This is a silent retreat. We will all be living in noble silence.

>>> **Please keep this page for your records.** <<<

**REGISTRATION FORM**

RESIDENTIAL MEDITATION RETREAT AT CANYONLANDS FIELD INSTITUTE PROFESSOR VALLEY  
RUSTIC CAMP

Please provide us with the following information:

Your name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Phone numbers \_\_\_\_\_

Any medical conditions that are current for you or that may affect your ability to practice?

Are there any medications you are currently taking? Please list and explain.

Are you allergic to any medications? Or insect bites or stings? If so, please tell us here.

Do you have any food allergies or foods you cannot eat?

Do you have health insurance? Please provide name of carrier and the policy number.

Do you know how you will be traveling to the retreat place?

May we share your email & travel plans with other participants to help facilitate carpooling?

Full payment is due with registration. \$130 or \$150 sliding scale with a \$20 discount if registered and paid by August 30. **Make check payable to Dorothy Harding.**

Amount enclosed \$ \_\_\_\_\_

**I understand that there are inherent risks in practicing in a camp environment and that I will be expected to sign a Release and Acknowledgement of Risks form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Important: Participant interviews with teachers during retreats are purely for the purpose of supporting the participant's meditation practice during the retreat and are not--nor should be they be construed as--a form of psychotherapy or counseling. This form will be destroyed following the retreat.

**INTERVIEW QUESTIONNAIRE** *In order to help guide your meditation practice in ways that would be most beneficial, please answer the following questions about your meditation, medical and psychological history. (Use back of this page for additional space to answer questions)*

Name \_\_\_\_\_ Occupation \_\_\_\_\_

List dates of previous meditation retreats attended – please include teacher names and tradition:

List any meditation practices or spiritual traditions that you have been or are currently involved with and the approximate years you have practiced in these traditions.

What is your current daily/weekly spiritual/meditation practice?

Have you ever had or been treated for a psychological condition such as depression, eating disorder, drug/alcohol addiction, anxiety disorder, psychosis, schizophrenia, mania or any other psychological condition? Please specify condition(s) and date(s):

Are you currently taking medication for any psychological conditions? If yes, please specify the condition and list the medications and dosage.

Have you experienced any significant emotional, psychological or spiritual difficulty in your life (*that affected your ability to function*)? If so, please briefly describe it and when it occurred. Is it still occurring now?

Are there currently conditions in your life which may be placing you under stress, or which might make meditation difficult for you at this time (e.g. fasting, recent loss of a loved one, substance abuse/withdrawal, relationship ending)?

Are there any additional comments or information you would like to convey to the teacher(s)?