

**Louisville Zen Center – Heart of Perfect Wisdom Zendo
Non-Residential Retreat Registration Form**

If you have previously attended a retreat at Heart of Perfect Wisdom Zendo (HPWZ) there is no need to complete this form. Simply e-mail the Center at louisvillezen@gmail.com with your name, your emergency contact name and phone number, and which sections of the retreat you'll be attending (see questions 9 & 10 below).

If you have not attended a retreat at HPWZ, please complete this form to help the retreat leader get to know you better. Mail the form to Louisville Zen Center, P.O. Box 17532, Louisville, Kentucky 40217 or simply e-mail responses to jprincecherry@gmail.com. Call the Center at 502-276-5738 if you have questions.

Registration deadline is a week before the retreat. You may apply after the deadline, but there may not be openings. Space is limited. You'll receive notice of acceptance two or three days post-deadline along with directions to HPWZ. Allergy sufferers please note there is a cat living at HPWZ.

Louisville Zen Center operates as much as possible on *dana* (or giving). Your generosity makes events like these possible. Unless otherwise stated, a \$20 donation (\$10 for members, seniors, and students with ID) is suggested, but no one is turned away for lack of payment. We gratefully accept cash or checks. You may also contribute by debit or credit card via Paypal on our website. Thanks for your gift!

1. What is the date of the retreat you are registering for?
2. What is your full name, address, e-mail address, and telephone number?
3. What is your occupation?
4. Do you practice meditation? If so, what tradition (i.e. Zen, Vipassana, Tibetan, Christian, etc.)?
5. Have you ever attended a meditation retreat? If yes, when? Where? How long was the retreat? Who conducted it? (*Just provide information for your last retreat*)
6. If you are a formal student of a teacher, who is your teacher?
7. For meditation, do you need to sit in a chair? If yes, full time or part time?
8. Do you have any physical, mental, or emotional conditions that could affect your retreat? What medications are you taking? (*This information is kept strictly confidential*)
9. In the unlikely event you experience an emergency, who shall we contact? What is his/her phone number?
10. Will you complete the entire retreat? Yes or No. If "No", circle which sections you will complete. Please note that preference is given to those attending the entire retreat. If coming part-time, please arrive/depart during breaks.
 - Section 1 (7:30 a.m. – 10:40 a.m.)
 - Section 2 (10:40 a.m. – 1:20 p.m.)
 - Section 3 (1:20 p.m. – 3:30 p.m.)
 - Section 4 (3:30 p.m. – 6:00 p.m.)
11. What else should the retreat leader(s) know about you and your meditation practice?