

2018 Ecodharma Summer Camp Retreat Registration

Please fill out one for each participant, sign, and mail with 50% deposit payable to:
Impermanent Sangha, 1466 Meadowlark Dr, Boulder, CO 80303.

Or scan an email to: retreats@impermanentsangha.org and pay with credit card or PayPal on our Website.

Circle One Option. Before MAY 5 is early discount (top price), May 6 starts higher price.

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|---|-----------------------|----------------------------|---|---|
| Entire Camp Jul 21-Aug 5 | Dorm \$1050 \$1150 | Double Rm \$1150 \$1250 | Camping \$1150 \$1250 SOLD OUT 1 st WK | Single Rm \$1450 \$1550 SOLD OUT 1 st WK |
| Nature Retreat July 21-29 | Dorm \$600 \$650 | Double Rm \$650 \$700 | Camping \$650 \$700 SOLD OUT | Single Rm \$800 \$850 SOLD OUT |
| Nature Retreat Or Ecodharma July 29-Aug 5 | Dorm \$600 \$650 | Double Rm \$650 \$700 | Camping \$650 \$700 | Single Rm \$800 \$850 |

_____ Regular Scholarship up to \$300/session requested. Please enclose 50% deposit and a note explaining need.

_____ Special Full Time Activist Leader Scholarship requested. Please enclose a \$300 deposit, which may be refunded back to you when you arrive at the retreat, and complete the separate Activist Scholarship application.

Deposits are refundable if a scholarship or registration is not accepted.

For cancellations before June 1, half the deposit is refunded. Full payment is due June 1. No refunds after June 1 unless your space fills, in which case refund will be half the total payment. All information is confidential.

For July 21-Aug 5: Silent Nature Retreat. _____ **OR Empowering Activism Retreat/Workshop** _____

Name: _____ D.O.B: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____ E-mail: _____

Emergency Contact: _____ Relationship: _____ Tel: _____

If Sharing Room: M/F _____ **Snore:** Yes/No _____ **Requested Roommate:** _____

State of Health: _____ **Allergies to Medications (specify):** _____

Allergic to insect stings? _____ Are your reactions severe? _____ If so, bring an EPI bee sting kit.

Food Allergies/Restrictions. We accommodate food **allergies** like gluten, soy and dairy but **not preferences**:

Medical problems, recent illnesses, physical limitations, infectious disease, or old injuries that might recur:

Any Medications you take (name, for what, amount and frequency):

Health Insurer: _____ Tel: _____ Policy Number: _____

Describe your fitness level. Include any limitations in ability to hike (and if first session backpack for solo):

Describe Meditation Experience: _____ Daily Practice: _____

Approximate # days of silent retreats in life: _____ In past 2 yrs: _____ In Nature: _____

Are you currently in treatment with a therapist or psychiatrist? _____ Name: _____

Are they aware and OK with you attending this retreat? _____

Have you ever been diagnosed with a psychological condition or mental illness? _____ If so, describe the diagnosis, dates, and treatment: _____

If any are still present, please describe your current symptoms: _____

What is your current ability to work with psychological/emotional swings in a group and nature setting?

Describe any present circumstances creating additional stress or difficulty for you that may make the retreat more difficult (e.g. recent loss of a loved one or job, depression, injury, illness, etc.):

Do you work as an eco or social activist? Please describe nature of work, your position and experience, and average time spent per week. If you need it, a special scholarship may be available, please email for an application.

Briefly, please share your motivations, goals and intentions, as well as any doubts or hesitations, around participating in a structured, silent nature retreat as a member of a cohesive Sangha (group):

Have you thoroughly reviewed and understood the Retreat Information? _____

AGREEMENT, WAIVER AND SIGNATURE (You will also be asked to read and sign a long form waiver.)

I certify that all the information submitted here is true. I understand that this retreat is not commercial, it is a spiritual group, and that no one but myself is responsible for my health and safety, both physical and mental, and that we may be unable to summon the necessary help or have all necessary equipment or training if an emergency arises, and that I understand and agree to participate under these conditions and to not hold Impermanent Sangha or its teachers and staff liable for anything that might happen to me.

Furthermore I understand that this is a spiritual retreat, and I agree to maintain noble silence, to follow the instructions of the guides and teachers, and to do what is asked to maintain the cohesion and focus of the group.

Participant Signature: _____ Date _____