



Chagdud Gonpa Rigdzin Ling Private Retreat Registration Form

PERSONAL INFO

Full Legal Name _____

Name you would like to go by _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____
Street City State Zip

Affiliated Sangha/Center _____ Occupation _____

Requested Retreat Dates _____ Total Days _____

Type of Retreat (example: Buddhist meditation, writing, etc.) _____

Is your retreat being guided? If yes, please provide a phone number and name for teacher _____

Do you need a solitary space for your retreat? If yes, explain _____

For those in solitary retreat, will you use a cell phone during your stay, or will you be requesting a walkie-talkie for emergencies? _____

Do you plan on being in silence? _____

Do you have any physical limitations? If yes, explain _____

Please explain in detail any other specifications for your retreat: _____

How did you hear about us? _____

Any special dietary needs or preferences? _____

Will you require food delivery? (added fee) _____

Other allergies, health issues, special needs & medications _____

Emergency Contact Name _____ Relationship _____ Phone # _____

NOTE: Our private cabins require a minimum 4 week stay. All cabin reservations must be done at least 4 weeks in advance. For shorter stays, we host retreatants in our deluxe accommodations: Lotus House.

LODGING AND TRAVEL

Arrival Date _____ Departure Date _____ Travel Details _____

Room Type: Dorm Single Retreat Cabin _____

Total Days _____ Total Due _____ NOTES _____

PAYMENT (to be filled out by admin staff)

Billing Address _____ Street _____ City _____ State _____ Zip _____ Same as above

Amount paid _____ Payment Type: CC Check # _____ Cash

Credit Card # _____ Exp. Date _____ CVV2 Code: _____