



bc insight
meditation society

Retreat Registration Form

Please complete in full and print clearly. Register early as space is limited and spaces are allocated on a first-come first-served basis. Our preference is payment by cheque, made payable to BCIMS.

NAME		PHONE (HOME)
MAILING ADDRESS		PHONE (CELL)
CITY	PROVINCE/STATE	POSTAL/ZIP CODE
EMAIL ADDRESS		

Retreat

Retreat Name: _____

Retreat Location: _____ Retreat Teacher: _____

Start Date: _____ End Date: _____

Can you provide a ride? Yes No Do you need a ride? Yes No

Room Assignments

Are you? Male Female Transgender

Do you snore? Yes No

Do you have sleep disturbances? Yes No If yes, please describe: _____

Medical

Emergency contact name: _____ Phone: _____

List any special needs, i.e., diet requirements, medical needs or mobility limitations (*we may not be able to accommodate all diet requirements*):

Meditation Practice

Do you currently meditate? Yes No How long have you practiced? _____

What tradition(s)? _____

Is this your first retreat? Yes No How did you hear about this retreat? _____