



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.

Retreat Start Date _____ End Date _____

Retreat Location _____ Retreat Teacher _____

Your Name _____

Mailing Address _____

City _____ Province/State _____ Postal/Zip Code _____

Phone (H) _____ Phone (W) _____ Email _____

For room assignments, are you ___Male ___Female? Do you snore or have sleep disturbances? ___ Yes ___ No

Emergency Contact Name _____ Phone _____

List any diet requirements, medical needs or mobility limitations _____

Do you currently meditate? ___Yes ___No How long have you practiced? _____

What tradition(s)? _____ How did you hear about this retreat? _____

Prior retreat experience _____

Payment amount enclosed \$_____ Cancellation Fees: Please contact us as soon as possible if you need to cancel. We will endeavour to return retreat fees whenever possible.

I would like to contribute an additional amount of \$ _____ to the BCIMS Scholarship Fund (optional).

Assumption of risk and release. *Please read carefully before signing.*

I assume all risk of damage or injury that may occur to me while practicing meditation on this retreat and while moving about the facility at which the retreat is held. In consideration of being accepted as a retreatant for this meditation retreat, I release and discharge British Columbia Insight Meditation Society ('BCIMS') and its agents from all claims resulting from my participation in the meditation retreat. I agree to this assumption of risk and release.

Date _____ Signed _____

For more information about upcoming retreats, classes, sitting groups, and events, please visit us on the web at www.bcims.org