

**REGISTRATION FORM
TO BE COMPLETED BY EACH RETREATANT:**

**The Three Doors of Liberation
NE Region Mindfulness Retreat Sponsored by Heart of the Valley MPC
October 24 – October 27, 2019**

Retreatant Name _____
Gender

Address

City *State* *Zip*

Phone *Email*

Please list below full name of your preferred roommate for a double (OPTIONAL):

Please list below full names of any preferred quad roommate(s) (OPTIONAL):

Name Roommate # 2 *Name Roommate # 3* *Name Roommate # 4*

FULL RESIDENTIAL RETREAT: Includes 3 nights lodging, Thursday Dinner to Sunday Lunch + 9% VT Rooms & Meals Tax. The retreat offers a sliding scale with payment dependent on your life circumstance. Scholarships are available.

Double Occupancy:	\$350 - \$400	\$ _____
Quad Occupancy**:	\$225 - \$300	\$ _____
Dorm Occupancy~~~:	\$200 - \$250	\$ _____
Camping, Commuter (circle which)	\$200 - \$250	\$ _____
Linens- towels, sheets (<i>optional</i>)	\$11	\$ _____

****These rooms have two bunk beds. Check here _____ if you desire a bottom bunk:
 ~~~ The dorms have seven bunk beds. Check here \_\_\_\_\_ if you desire a bottom bunk:**

**COMMUTER:** Includes meals and 9% VT Tax \$175 - \$250 \$ \_\_\_\_\_

Scholarship Support (*optional*) \$ (Fill in amount) \$ \_\_\_\_\_

Dana for teachers (*optional*) \$ (Fill in amount) \$ \_\_\_\_\_

**TOTAL AMOUNT (to be paid in advance):** \$ \_\_\_\_\_

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**Please charge my Visa, MasterCard or Discover:**

\_\_\_\_\_  
*Card Number* *Expiration Date* \$ \_\_\_\_\_  
*Amount* *Security Code*

**Please make checks payable to Aloha Foundation**

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

## MINDFULNESS MEDITATION EXPERIENCE

We ask that you provide this information to help us plan our activities and create our Dharma sharing groups for the retreat. Note that we are offering a karma yoga opportunity to those who wish to help us in arranging the Meditation Hall, organizing the Tea Ceremony, bell minding, and assisting with other activities.

Name: \_\_\_\_\_

Age Group: \_\_\_\_\_ Under 35 \_\_\_\_\_ 36-50 \_\_\_\_\_ 51-65 \_\_\_\_\_ 66+

We are interested in your experience with mindfulness meditation. Are you (**please check each that applies to you**)?

- New to **any** meditation
- New to meditation in the Plum Village tradition of Thich Nhat Hanh
- One who practices in a meditation group
- One who practices in a meditation group in the Plum Village tradition
- One who has taken the 5 Mindfulness Trainings
- An aspirant to the Order of Interbeing
- A member of the Order of Interbeing

Name of your current Sangha or meditation group (if applicable): \_\_\_\_\_

The number of years you have practiced meditation in a group: \_\_\_\_\_

The number of years you have practiced meditation: \_\_\_\_\_

Please indicate any physical challenges we should accommodate in order to make this retreat a good experience for you: \_\_\_\_\_

\_\_\_\_ Please check if you do NOT wish to have your image shared with the Thich Nhat Hanh Foundation.

Please indicate if you are interested in assisting us in one of the following activities: (**Please check any that you are interested in**)

- Registration
- Meditation Hall set-up
- Tea Ceremony
- Bell minding for meditations, activities
- Bell-minding at mealtime

Please complete this and mail with a check payable to Aloha Foundation  
or your credit card information to:

Hulbert Outdoor Center  
2968 Lake Morey Rd.,  
Fairlee, VT 05045  
802-333-3405

If you are using a credit card and wish to register online you can email a completed form as an attachment or use Adobe sign. The email address for online registration is:

[Lynn\\_daly@alohafoundation.org](mailto:Lynn_daly@alohafoundation.org)