

TARA MANDALA RETREAT APPLICATION FORM

Please send this form to: Lizzy Hoke, Tara Mandala, PO Box 3040, Pagosa Springs, CO 81147

Include your payment (50% of course cost) payable to Tara Mandala.

Telephone: (970) 731-3711 | Fax: (970) 731-4441 | Email: info@taramandala.org

Kapala Training Level II with Tsultrim Allione: September 4 – 11, 2008

COURSE COST: All course fees are on a sliding scale and vary according to accommodation choice, plus donation to teachers and volunteer staff at end of retreat. Please pay at the highest level of the sliding scale that you can afford. This allows others who need to pay less the opportunity to attend. One hundred percent of your payment above the lowest end of the sliding scale is goes directly to our scholarship fund. Please help us keep our administrative costs low by paying the entire fee with your registration, if possible.

CANCELLATION FEES: \$25 before August 4; \$75 before August 25. There are no refunds after August 25.

Is this your first retreat at Tara Mandala? Yes / No

Please check if new address

Name: _____ Email: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone (home): _____ Phone (cell): _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

ACCOMMODATIONS

<p>Please sign me up for:</p> <p><input type="checkbox"/> Double (\$1,003 - \$735)</p> <p><input type="checkbox"/> Queen Double (\$1,218 - \$812)</p> <p><input type="checkbox"/> Queen Single (\$1,323 - \$882)</p> <p><input type="checkbox"/> Camping (\$735 - \$490)</p>	<p>Please circle appropriate choice:</p> <p>Do you snore? Yes / No Roommate request _____</p> <p>Do you need a room on the 1st floor? Yes / No Are you? Male / Female</p> <p>Do you have any medical needs or mobility limitations? Yes / No</p> <p>Please explain: _____</p>
---	---

MEDICAL DIETARY RESTRICTIONS: Nutritious, wholesome, balanced vegetarian meals are served during the retreat. The kitchen can not accommodate food preferences. If you have medical dietary needs, please note them here:

RIDESHARE: I am willing to offer a ride from Albuquerque Denver Santa Fe Durango Other: _____
 I request a ride from Albuquerque Denver Santa Fe Durango Other: _____

Tara Mandala Membership (Sustaining Sangha)

Sustaining Sangha is the lifeblood of Tara Mandala. Please consider supporting Tara Mandala in this way and receive 10% - 20% off your retreat fee in exchange for your tax-deductible donation.

I am currently a member of Sustaining Sangha

I would like become a member of Sustaining Sangha

Please sign me up at \$30 | \$60 | \$200 | Other: ____ / month

Charge my credit card below monthly | Check enclosed

Shuttle (to and from Durango Airport)

Shuttles are available on the first and last day of the retreat to and from the Durango Airport or Durango hotel for \$50 each way.

I would like a shuttle on September 4

I would like a shuttle on September 11

Flight information: Airline: _____

Flight in # _____ Time _____

Flight out # _____ Time _____

I will call or email with my flight information

	PAYMENT
Retreat Total (chosen from sliding scale)	\$ _____
Sustaining Sangha Discount	– \$ _____
<small>(\$30-\$59/month = 10% \$60+/month = 15% \$1000+/month = 20%)</small>	
Tax Deductible Donation to Tara Mandala	\$ _____
Shuttle (\$50 each way)	\$ _____
Early Registration Discount	– \$ _____
<small>(-\$25 for full payments received before Aug. 4)</small>	
Total	\$ _____
Amount enclosed (50% due)	\$ _____

Payment method: Check Credit Card Money Order

Credit Card Information: Visa MasterCard AmEx

Card # _____ - _____ - _____ - _____ Exp Date: ____ / ____

Signature _____ Date _____

Name on card (print clearly) _____