

# TARA MANDALA RETREAT APPLICATION FORM

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

Include your payment (**minimum 50% of total due**) payable to Tara Mandala.

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

**Tri Yeshe Lama and Ngondro: December 14 - 24, 2007 (10 nights)**

**Teacher: Adzom Paylo Rinpoche**

**COURSE COST:** Cost is dependent upon your housing choice (see below). All fees are on a sliding scale 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 after November 14; \$75 after December 4.

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

**Please check if new address**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ACCOMMODATIONS**

<p><b>Please sign me up for:</b></p> <p><input type="checkbox"/> Shared Bath (\$1150 - \$950)</p> <p><input type="checkbox"/> Private Bath (\$1300 - \$1100)</p> <p><input type="checkbox"/> Yurt (\$900 - \$700)</p> <p><input type="checkbox"/> Off Land Housing (\$800 - \$600)</p>	<p><b>Please circle appropriate choice:</b></p> <p>Do you snore? Yes / No   Roommate request _____</p> <p>Do you need a room on the 1<sup>st</sup> 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>
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**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% - 15% off your retreat fee in exchange for your tax-deductible donation.

I am currently a member of Sustaining Sangha

I would like to become a member of Sustaining Sangha

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

**Shuttle (to and from Durango Airport)**

Shuttles are available on December 14<sup>th</sup> from the Durango Airport (DRO) and on December 24<sup>th</sup> to the Durango Airport for \$50 each way.

I would like a shuttle on December 14

I would like a shuttle on December 24

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	- \$ _____
(\$30-\$59/month = 10%   \$60 or more/month = 15%)	
Tax Deductible Donation to Tara Mandala	\$ _____
Shuttle (\$50 each way)	\$ _____
Early Registration Discount	- \$ _____
(-\$25 for payments received <b>in full</b> before Nov 14)	
<b>Total .....</b>	<b>\$ _____</b>
<b>Amount enclosed (minimum 50%)</b>	<b>\$ _____</b>
Unpaid balance (due by Dec 4)	\$ _____

**Payment method:**  Check  Credit Card  Money Order

Credit Card Information:  Visa  MasterCard  AmEx

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on card (print clearly) \_\_\_\_\_