

# Registration Form

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

I understand that there are several options for accommodations, and I choose:

\_\_\_ bunk bed with air mattress Cost: \$285

\_\_\_ zendo floor Cost: \$250

\_\_\_ camping in the meadow with my own tent and equipment (Note: campers will sleep in the zendo or workshop in the case of electrical storms.) Cost: \$250

I will bring: \_\_\_ zafu \_\_\_ zabuton (These will be supplied if are not able to bring them.)

## Transportation:

\_\_\_ I will be driving. Please send directions.

\_\_\_ I will be flying into La Crosse, WI, and will need airport pickup

Expected times of arrival: \_\_\_\_\_ and departure: \_\_\_\_\_

## Meals and food:

\_\_\_ I will bring my own oryoki bowls. \_\_\_ I will need oryoki bowls.

\_\_\_ I have the following food allergies: \_\_\_\_\_

## Other:

Medical or physical conditions limiting my activity: \_\_\_\_\_

\_\_\_ I enclose my signed form indemnifying the Hokyoji Zen Practice Community.

Payment in full of \$ \_\_\_\_\_ enclosed. (Make check payable to Milwaukee Zen Center, and mail with registration form to Milwaukee Zen Center, 2825 N. Stowell Ave., Milwaukee, WI 53211)

**CANCELLATION POLICY.** Full refund if canceling prior to July 12, 2010. After July 12, a \$100 cancellation fee will be levied.

## INDEMNITY AGREEMENT

I agree to indemnify and hold Hokyoji Zen Practice Community harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of my attendance and use of space for a retreat at the Hokyoji Retreat Center, 2646 County Road 5, Eitzen, Minnesota, and to reimburse Hokyoji Zen Practice Community for any such incurred expenses.

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

Print Name \_\_\_\_\_

Dates of stay \_\_\_\_\_

**NOTE: PLEASE RETURN THIS SIGNED FORM WITH YOUR REGISTRATION FORM TO THE MILWAUKEE ZEN CENTER**