

Zen Community of Oregon Event Registration Form

Name of the event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Dharma Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Are you a ZCO/DRZC member currently paid up on your dues?  Yes  No

Meditation Experience - On the back of this paper please describe your meditation experience.

Food allergies or health concerns we should be aware of? \_\_\_\_\_

Please list your skills: \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

Emergency Contact Information

Name of person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

- I am willing to be a carpool contact.
- I would like to make a donation to the Scholarship Fund support to individuals who are interested in accessing the dharma and deepening their practice. \$\_\_\_\_\_
- Please do NOT add me to your mailing list.

Deposit

A \$50 deposit is required to reserve your space in each retreat. Deposits are nonrefundable. If you decide not to attend the retreat, your deposit will be transferred to the Scholarship Fund. If you would like to learn more about how you can receive a scholarship please email [registrar@greatvow.org](mailto:registrar@greatvow.org)

If you wish to reserve your space by check or money order, please print and mail this form to:

Great Vow Zen Monastery Attn: Registrar P.O. Box 368 Clatskanie, OR 97016

Phone: (503) 728-0654 - email: [registrar@greatvow.org](mailto:registrar@greatvow.org)

Telephone hours are Tuesday through Saturday, 9:00 a.m. to noon and 2:00 to 5:00 p.m.