

NYUNGNÉ REGISTRATION FORM

(Please Print)

RETREATANT INFORMATION			
<i>All retreatants, including children, must submit separate registration forms.</i>		Palyul Ling ID #	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		(From Last Year's Badge):	
Legal Name			
Last:	First:	Middle:	
If different from above, what name do you use?		Age/Birthdate:	
Street address: <i>Please rip off and include the label from any mailings you received from us, with any corrections.</i>			

City:	State:	ZIP Code:	Country:
Email address:			

Home phone no.: (____) _____		Mobile / Work phone no.: (____) _____	
Parent's/Guardian's Name:		Parent's/Guardian's signature:	
IN CASE OF EMERGENCY			
Friend or relative to contact in an emergency:		Relationship to retreatant:	
_____		_____	
Home phone no.: (____) _____		Work / Mobile phone no.: (____) _____	
_____		_____	
ARRIVAL AND DEPARTURE INFORMATION			
Official Arrival Dates:	<i>DIFFERENT THIS YEAR. Arrival depends on events you will participate in. Please note your arrival below.</i>		
Arrival Date: <u>MM</u> / <u>DD</u> Time:	Departure Date: <u>MM</u> / <u>DD</u> Time:		
How are you traveling to the retreat? <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Air			
PERSONAL INFORMATION			
I would like to share a room/tent with:		Note that your roommate must file an application for retreat within 10 business days of our receipt of this application confirming their attendance.	
This retreat will feature vegetarian cooking only. Do you have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			
* Palyul Ling cannot accommodate special diets. Retreatants must make their own arrangements. Please notify us of severe allergies.			
Do you have any chronic health issues? Physiological: <input type="checkbox"/> Yes* <input type="checkbox"/> No Psychological: <input type="checkbox"/> Yes** <input type="checkbox"/> No			
Do you require medication or other treatment to manage your condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
* Please describe on a separate sheet in a way to help guide the office in case of an emergency and to help us place you in the appropriate housing. All information is held in strictest confidence. While the center is accessible, the site is rustic.			
** Retreat should not take place of regular treatment. Please seek the advice of your doctor or therapist prior to registration.			

RETREAT WORK ROTA ASSIGNMENT	
<i>All retreatants must participate in rota. It may not be possible to give your first choice.</i>	
SWEEPING: <input type="checkbox"/> Dining hall, dorm hall, and sidewalk sweeping	
CLEANING: <input type="checkbox"/> Bathroom <input type="checkbox"/> Garbage & Recycling <input type="checkbox"/> Gardening <input type="checkbox"/> Temple	
OTHER: <input type="checkbox"/> Please place me where help is most needed <input type="checkbox"/> Special Skills / Professional Expertise:	

Last Name: _____ First Name: _____

Form as of April 21, 2018

RETREAT FEE CALCULATION

Nyungne only, arrival Friday, June 29, morning – stay to end of Nyungne departing July 2:

South/Single	South/Shared	North/Single	North/Shared	East/Single	East/Shared	Tent/Single	Tent/Shared	Off-site
<input type="checkbox"/> \$400	<input type="checkbox"/> \$ 200	<input type="checkbox"/> N/A	<input type="checkbox"/> \$200	<input type="checkbox"/> N/A	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$150	<input type="checkbox"/> \$120

Evening, Thursday, June 28, to stay after Dzam Ling Chi Sang or arrive early for Chenresig Wang (Avalokitesvara Initiation) on Friday:

<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> N/A	<input type="checkbox"/> \$ 50	<input type="checkbox"/> N/A	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> (donation)
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Evening, Wednesday, June 27, to attend public talk or arrive for Dzam Ling Chi Sang on Thursday:

<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> N/A	<input type="checkbox"/> \$ 50	<input type="checkbox"/> N/A	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> (donation)
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Six nights stay until retreat begins, Monday, July 2 through Sunday, July 8:

<input type="checkbox"/> \$150	<input type="checkbox"/> \$ 150	<input type="checkbox"/> N/A	<input type="checkbox"/> \$ 150	<input type="checkbox"/> N/A	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	
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Add \$25 per night for each night stayed past Monday, July 2, no matter what accommodation you are booked in. PLEASE NOTE: If food is provided by the center, and you wish to participate in meals, an additional charge of \$15/day will be requested. North and East dorms are not available for single accommodation during Nyungne.

Number of nights: _____ x \$25 = _____

Please add the total of all selected columns below:

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Enter Retreat tuition from "Tuition Table," above. No partial retreat for Nyungne; full fee above must be paid for Nyungne.

Note: 1) If you are not attending according to the full or half session, fee is calculated per night; 2) Arrivals before 3 PM for first day of part-time retreat are billed an additional day's tuition; 3) All children must submit a separate form.

Full Session \$US _____

Donation: Please consider offering an additional donation: \$US _____

TOTAL **\$US** _____

PAYMENT DETAILS

Money order Check enclosed Visa MasterCard (No Diner's Club or American Express)

Check No. _____ Checks are the *preferred payment method*. Please make checks payable to **Palyul Ling International**.

Name on Card: _____ Billing Street Address, if different from residence:

Billing City, State, Zip:

*Card # (must not be typed in and emailed - please mail or fax or call with card #):

Expiration Date: MM / YY *CCV No: _____ Signature: _____

*The "CCV number" is the three-digit security code on the reverse side of your card, after the account number.

MAIL TO: PALYUL LING INTERNATIONAL, 359 HOLLOW ROAD, McDONOUGH, NY 13801

**It is NOT secure to send your application with credit card number by email. Palyul Ling cannot be responsible for any incidents of identity theft resulting from anyone who chooses to send their application by this method. Please ONLY use postal mail or fax. Thank you!*

Last Name: _____ First Name: _____

Form as of April 21, 2018