

NYUNGNE REGISTRATION FORM

(Please Print)

RETREATANT INFORMATION			
<i>All retreatants, including children, must submit separate registration forms.</i>			Palyul Ling ID # (From Last Year's Badge):
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Legal Name Last:	First:	Middle:	
If different from above, what name do you use?		Age Range: <input type="checkbox"/> Under 4 <input type="checkbox"/> 4-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-45 <input type="checkbox"/> 46-65 <input type="checkbox"/> Over 65	
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:	Thursday, July 2 nd after 5 PM with departure of Sunday, July 5, at noon. Confirm your plans below. No partial retreat.		
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.
Are you a vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			
<i>* Palyul Ling cannot accommodate special diets. Retreatants must make their own arrangements. Please notify us of severe allergies.</i>			
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			
<i>* 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. Nyungne is physically challenging</i>			
<i>** Retreat should not take place of regular treatment. Please seek the advice of your doctor or therapist prior to registration.</i>			

Last Name:

First Name:

Form as of March 1, 2019

RETREAT WORK ROTA ASSIGNMENT *All retreatants must participate in rota. It may not be possible to give your first choice.*SWEEPING: Dining hall, dorm hall, and sidewalk sweepingCLEANING: Bathroom Garbage & Recycling Gardening TempleOTHER: Please place me where help is most needed Special Skills / Professional Expertise:**RETREAT FEE CALCULATION**

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	\$200	\$150	* <input type="checkbox"/> 120

Enter Retreat tuition from "Tuition Table," above. No partial retreat. Full fee above must be paid no matter arrival/departure date.

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. 4) If you plan to stay until the beginning of the one-month retreat (July 7 evening) please add \$35/day.

\$US

Donation: Please consider making an additional donation, or, if you plan to stay, add cost for each night of \$35.

\$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 Address, if different:

Billing City, State, Zip:

* 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: _____

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