PALYUL RETREAT VISITOR REGISTRATION										
Arrived Departing										
First Name	Legal Last Name									
Other members of your party:										
First Name	rst Name Legal La									1 1
			L							Щ
First Name		1 1 1	Le	egal Last Name			1 1			1 1
First Name			L	agal Lost Name						
First Name	1 1 1 1	1 1 1	Le	egal Last Name	1 1	1	1 1	ı	ı	1 1
First Name		1 1 1	Le	egal Last Name	1 1	1	1 1	1	1	1 1
First Name			L	agal Last Nama						
First Name	1 1 1 1	1 1 1		egal Last Name	1 1	1	1 1	ı	1	1 1
								ı		
	Cor	NTACT IN	FC	DRMATION						
Street address										
City	State			Zip Code		Cour	ntry			
Home Phone		Wo	rk o	r Mobile Phone						
Email address										
	Ем	ERGENC'	Y (	CONTACT						
Name Phone Num						Relationship				
				·						
DIET & HEALTH										
Number of Vegetarians in your party if any										
Number of Meat eaters in your party if any										
Please list any severe allergies:										
Please list any of your health issues we would need to be aware of in case of emergency.										

ACCOMMODATION AND FEES									
South	South	North	North	East	East	Tent	Tent	Off-site	
Single	Shared	Single	Shared	Single	Shared	Single	Shared		
145	105	135	95	125	85	85	75	65	

## Each person may only have one discount

Discount A: Student: 25% off (shared tent only with proof of full-time student status)—Multiply total by .75

Discount B: Teenagers between 12-17: 25% off - Multiply total by .75

Discount C: Ordained sangha: 50% off (shared tent only with proof of ordination) – Multiply total by .50

Discount D: Children aged 4-12: 75% off (with parent or guardian paying non-discounted single room or

tent fee) – Multiply total by .25

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Discount A	x	<b>)</b>	=						
	Number of Students	Number of Nights		Fee					
Discount B	X	×		=					
	Number of Teens	Number of Nights		Fee					
Discount C	X	<b>)</b>	=						
	Number of Sangha	Number of Nights		Fee					
Discount D	х	<b>)</b>	=						
	Number of Children	Number of Nights	Fee						
No Discount	х	<b>)</b>	=						
	Number of People	Number of Nights	Fee						
			Total:						
Payment Details									
☐ Money Order	□ Check	□ Cash	□ Visa		MasterCard				
Check Number	•								
Card Number: Expiration Date: MM/YY CCV No:									

## Rota

Please report to the kitchen after one meal each day to help with dishwashing. Talk with the dishwashers and say you are there to help! Thank you.