NYUNGNÉ REGISTRATION FORM

(Please Print)

RETREATANT INFORMATION

All retreatants, including children, must submit separate registration forms.

Sex: ❑ Male ❑ Female

Palyul Ling ID # _____
(From Last Year's Badge):

Legal Name Last: _____ First: _____ Middle: _____

If different from above, what name do you use? _____

Age Range: ❑ Under 4 ❑ 4-12 ❑ 13-17 ❑ 18-25 ❑ 26-45 ❑ 46-65 ❑ Over 65

Street address: *Please rip off and include the label from any mailings you received from us, with any corrections.*

_____

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 3 after 6 PM with departure of Sunday July 6 at noon. Confirm your plans below.

Arrival Date: MM / DD Time: _____ Departure Date: MM / DD Time: _____

How are you traveling to the retreat? ❑ Bus ❑ Car ❑ 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? ❑ Yes ❑ No Do you have any dietary restrictions? ❑ Yes ❑ 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: ❑ Yes* ❑ No Psychological: ❑ Yes** ❑ No

Do you require medication or other treatment to manage your condition? ❑ Yes ❑ 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 *All retreatants must participate in rota. It may not be possible to give your first choice.*

KITCHEN: ❑ Dish & pot washing ❑ Dining hall mopping ❑ Food prep & chopping ❑ Meal set up, serving & clean up

MAINTENANCE / GROUNDS: ❑ Bathroom ❑ Garbage & Recycling ❑ Gardening ❑ Temple

OTHER: ❑ Please place me where help is most needed ❑ Special Skills / Professional Expertise:

TUITION FEE TABLE *Per person, not per room; circle first choice; tick box below for second choice.*

	South/Single	South/Shared	North/Single	North/Shared	East/Single	East/Shared	Tent/Single	Tent/Shared	Off-site
Nyungné	❑ $ 300	❑ $ 200	N/A	N/A	N/A	N/A	N/A	N/A	75

Notes: 1) Tuition fee is per person and includes accommodations, all meals, and teachings. Texts/other practice items additional. 2) All room assignments on a first-come-first-served basis. Space is limited so you may be assigned 2nd choice. If you have a health reason to request a certain accommodation, please register early and include reason for request. 3) **Important**: Nyungne is physically demanding and includes a 36-hour period of complete fast. Please check with your doctor that you are able to participate. *4) Tent and off-site accommodations should be chosen only for those in strong physical condition. It is better not to stay off-site.

RETREAT FEE CALCULATION

Enter Retreat tuition from "Tuition Table," above:

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_____

Choose ONE if applicable. *No combining of discounts*:

❑ Pre-registration early bird (postmarked by **June 10**): 10% off - Multiply total by 0.90.

❑ Student: 25% off (**shared tent only** with student I.D. **and** proof of full-time student status) - Multiply total by 0.75.

❑ Children aged 4 -12: 75% off (with **non-discounted payment of single room or single tent fee** by parent/guardian) - Multiply total by 0.25

x 0. _____

Donation: Please consider offering your discounts or making 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 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!*