

PALYUL RETREAT VISITOR REGISTRATION

Arrived _____ Departing _____

First Name

Legal Last Name

Other members of your party:

First Name

Legal Last Name

First Name

Legal Last Name

First Name

Legal Last Name

First Name

Legal Last Name

First Name

Legal Last Name

CONTACT INFORMATION

Street address

City

State

Zip Code

Country

Home Phone

Work or Mobile Phone

Email address

EMERGENCY CONTACT

Name

Phone Number

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 chronic physiological or psychological issues or required medications:

ACCOMMODATION AND FEES

South Single	South Shared	North Single	North Shared	East Single	East Shared	Tent Single	Tent Shared	Off-site
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

Discount A	X	X	=	
	Number of Students	Number of Nights	Fee	
Discount B	X	X	=	
	Number of Teens	Number of Nights	Fee	
Discount C	X	X	=	
	Number of Sangha	Number of Nights	Fee	
Discount D	X	X	=	
	Number of Children	Number of Nights	Fee	
No Discount	X	X	=	
	Number of People	Number of Nights	Fee	
			Total:	

PAYMENT DETAILS

☐ Money Order	☐ Check	☐ Cash	☐ Visa	☐ MasterCard
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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.

Thank you.