

Registration Form for Kalyana Mitta Sangha Retreat Patrick Kearney In Perth - Fri April 23rd to Sat May 1st, 2010

***Required Information:** Please print clearly

*First name * Gender:
*Surname
Name you wish to be called
*Street address
*Suburb and Postcode Postcode:
*Phone Landline: Mobile:
*E mail address

***Retreat Dates.** Preference is given to full 8 nights option.

		Nights	Tick your choice
Full	Friday April 23 rd to Saturday May 1 st 2010	8	
Weekend	Friday 23 rd , leave on Sunday 25th	2	
Weekend plus extra nights	Please write in the number of extra nights	2 + ____	

Date Arriving _____ Date Leaving _____

***Special Dietary Requirements**

() **NO** special food requirements; () I require **dairy free** food; () I require **wheat free** food

Note on Special Dietary Requirements: We can cater for a small number of dietary requirements. A refrigerator is available, both in your Cottage and in the dining room, for medicine and other personal special food items.

***Special Medical Requirements**

It is a condition of our using Jhana Grove that all medical conditions are disclosed. Please complete this section fully. Your confidentiality is assured.

***Please list all:**

Disability or mobility needs; Medical conditions; Serious food or other allergies;
Medication requirements; Past, recurring, current mental health conditions; Other special needs:

() Please Tick *Yes, I have fully disclosed all personal physical, medical and mental health conditions, and I will take responsibility to bring a sufficient supply of any required medication.

***Next of kin:** Relationship: Phone:

*Disclaimer:

The Buddhist Society of WA, the Jhana Grove organisers, and Kalyana Mitta Sangha organisers, whilst taking all reasonable care, shall not be liable for any damage, direct or indirect, to any retreatants.

Please Tick () *Yes, I accept that my participation is at my own risk.

Voluntary Donation to Kalyana Mitta Sangha Seeding Fund

Kalyana Mitta Sangha (Community of Good Friends) is the not-for-profit vehicle for organising Patrick's retreats. It is in the process of becoming an incorporated Association under the NSW Office of Fair Trading.

I choose to support the Kalyana Mitta Sangha seeding fund, to assist with initial establishment costs, including a scholarship fund for future Kalyana Mitta Sangha retreats.

Please indicate the amount of your donation. \$ _____ Donation to Kalyana Mitta Sangha

***Cost:** Preference is given to full 8 nights option. Minimum deposit of \$100 is required to register.

Please write in the cost of your option in right hand column:

	Cost	Total
1. Full retreat 8 nights Fri April 23 to Sat May 1		
Early bird – full payment received by 5.00 p.m. February 26 th	\$355	
After February 26 th	\$400	
2. Weekend April 23 to 25 inclusive (leave anytime on 25th). No early bird	\$165	
3. Weekend 23 to 25 plus (<input type="checkbox"/>) extra nights. \$165 + \$45 per extra night	\$165 +	
No early bird available.	\$	
Voluntary Donation to Kalyana Mitta Sangha Seeding Fund	\$	
TOTAL		\$
DEPOSIT or FULL COST		\$

Retreat Payment

Please assist us by making your full payment prior to **February 26th 2010**.

Payment can be made by direct debit to the bank account below, *your name in the subject line: Commonwealth Bank: BSB: 062 521; A/C: 10460287; Account Name: Patrick Joseph Kearney*

Or, by cheque to:

Patrick Joseph Kearney. c/- 143 Samson Street, White Gum Valley 6162

Cancellation and Refund Policy

Due to a tight operating budget, Kalyana Mitta Sangha has a clear policy on the registration payment deadline and refund policy to deter late withdrawals, as it is difficult for replacement registrants to reorganise their plans at short notice.

Withdrawal from the retreat within one month or earlier – full refund is given.

Withdrawal between 2 to 4 weeks prior – ½ refund is given, less \$50 admin fee.

Withdrawal less than 2 weeks beforehand – no refund is given.

Reasons of sickness, accident or family death will be given consideration.

For further information please contact:

Retreat Managers: **Bavali Hill 9335 3847; bavali [at] iinet.net.au**
Suzie Strong 98409345; M 0401158475; susiestrong [at] westnet.com.au

Registrar: **Premdaya Gilovitz 93358392; M 0408358392; rgte [at] globaldial.com**