

Rohatsu Sesshin Registration Form

December 6-13, 2019 — Applications Due November 25

Name _____ Phone _____

Address _____ E-mail _____

Emergency contact person: Name _____ Phone _____

Liability waiver: *Prior to sesshin, you will be required to sign a waiver whereby you release the Zen Center from any liability for accident or injury, and agree not to sue. You may request a copy of the form in advance.* Do you have a **medical condition** (e.g., diabetes, heart condition, pregnancy), **allergies or dietary restrictions**? If so, please attach an explanation.

I have an oryoki I can bring: Yes No

I plan to arrive at _____ on _____ I plan to leave at _____ on _____

I can help: Set up (Friday, December 6th, 4 to 6PM)
 Clean up (Friday, December 13th afternoon)

I will need a chair: Full time Part time

I have enclosed my deposit/sitting fees \$ _____

I would like to donate toward a scholarship fund \$ _____

Checks payable to
Chapel Hill Zen Center
P.O. Box 16302
Chapel Hill, NC 27516

If this is your first sesshin with the Chapel Hill Zen Center, please attach a short statement about your zazen practice and history: How long have you been sitting zazen? How often are you currently sitting? Have you sat a one-day sitting or longer sesshin before? If so, when and with whom?

Where do you plan to sleep?

I have read and agree to the Sesshin Guidelines

The zendo emergency number is (919) 933-0776

Please read sesshin guidelines on Events page:
www.CHZC.org/events.htm