

Chapel Hill Zen Center

<http://www.chzc.org>

Three-day Sesshin Registration Form

Friday, September 29 to Monday, October 2— Registration Due September 19
Chapel Hill Zen Center PO Box 16302, Chapel Hill, NC 27516

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)? If so, please attach a short statement of explanation.

I have an allergy or food restriction Yes List allergy & severity _____

I need a chair for zazen Part time Full time

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 (4:00 P.M.—6:00 P.M.) I can help clean up

I have enclosed my deposit/sitting fees \$ _____

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

I paid my deposit/sitting fees online (chzc.org/donate.htm)

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?

Do you have room in your home for someone from out of town to stay? Yes No

Where do you plan to sleep?