

# Chapel Hill Zen Center

<http://www.chzc.org>

## Three-day Sesshin Registration Form

Friday, September 29 to Monday, October 2— Registration Due September 22

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](http://chzc.org/donate.htm)) ☐

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?

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