Chapel Hill Zen Center

August Sesshin Registration Form

August 23 – 26, 2024 | Registration Due Wednesday, August 14 Chapel Hill Zen Center PO Box 16302, Chapel Hill, NC 27516 Consider filling out form before saving to your computer. Then send by email to info@chzc.org without needing to print.

Name		-		
Address				
Email			Phone	
Emergency Contact			Phone	
•	•	_	waiver whereby you release the Zen Cente a may request a copy of the form in advance	
I have a medical condition:	Yes	No		
For example, diabetes, heart condition,	, pregnancy. P	lease attac	ch a short statement of explanation if yes.	
I have an allergy or food restriction:	Yes	No	List allergy and severity:	
I have an oryoki I can bring:	Yes	No		
I need a chair for zazen:	Part time	Full time)	
I plan to arrive at on	I plan	to leave a	t on	
I am sitting only part of sesshin/I have If sitting a modified schedule, please w			Yes Modified schedule (if applicable):	
I can help set up (Friday, 4 - 6pm):	Yes			
I can help clean up on last day:	Yes			
I have enclosed my deposit/sitting fees	s: \$			
I would like to donate toward the schol	larship fund:	§	_	
I paid my deposit/sitting fees online (c	hze.org/donate	e.htm):	Yes Amount paid: \$	
	ave you been	sitting zaz	ase attach a short statement about your sen? How often are your currently sitting? when and with whom?	
I have room in my home for someone f Where do you plan to sleep?	rom out of tov	vn to stay	? Yes	