

Chapel Hill Zen Center

December Sesshin Registration Form

December 6 – 13, 2024 | Registration Due Wednesday, November 27

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 _____

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.*

I have a medical condition: Yes No

For example, diabetes, heart condition, pregnancy. Please attach 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 at _____ on _____ .

I am sitting only part of sesshin/I have a modified schedule: Yes

If sitting a modified schedule, please write out the details. 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: \$ _____

I would like to donate toward the scholarship fund: \$ _____

I paid my deposit/sitting fees online (chzc.org/donate.htm): Yes Amount paid: \$ _____

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?

I have room in my home for someone from out of town to stay? Yes

Where do you plan to sleep?