

Chapel Hill Zen Center

PO Box 16302, Chapel Hill, NC 27516

info@chzc.org

Summer Sesshin Registration Form June 10-15 — Applications Due May 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 (4:00 P.M.—6:00 P.M.) I can help clean up

I have enclosed my deposit/sitting fees \$ _____

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

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

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?

The zendo emergency number is (919) 933-0776