



## Self Retreat Program Application Form

For Office Use Only	Received _____	Dates _____
	Teacher _____	Registrar _____

Please fill in the application as completely as possible. This form and its supporting materials are confidential and will be reviewed by IMS office staff and teachers only.

Date You Wish to Arrive \_\_\_\_\_ Depart \_\_\_\_\_

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Daytime phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Evening phone \_\_\_\_\_

Country \_\_\_\_\_ Fax \_\_\_\_\_

Year of Birth \_\_\_\_\_ Do you smoke? YES ☐ NO ☐ Do you snore? YES ☐ NO ☐

How do you identify your gender? ☐ F ☐ M ☐ Transgender or gender diverse (e.g. gender queer, gender fluid, agender, etc.) Which would be your preferred accommodation?

☐ All genders/no preference ☐ Floor for women ☐ Floor for men

Please also indicate any mobility or other limitations, or needs we should be aware of in assigning your room and having you on retreat with us.

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Have you been on retreat at IMS before? ☐ Yes ☐ No

### 2020 Sliding Scale Course Cost:

If you are staying:	Up to 21 days: \$79 - \$114 - \$148 - \$250 per day	_____
	Up to 42 days: \$75 - \$112 - \$148 - \$250 per day	_____
	Longer than 42 days: \$69 - \$109 - \$148 - \$250 per day	_____
	Total Cost of Self Retreat	= _____
	Deposit enclosed (minimum is lesser of \$180 or Total Cost)	_____

I have read the Self Retreat Program Information sheet. If accepted into the program, I agree to participate fully according to the guidelines described therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_