 **Meditation & Creativity Retreat**

**9th – 15th August 2019**

**at Sangsurya - Byron Bay**

Thank you for your inquiry & interest in this Meditation & Creativity retreat. The retreat offers an ideal opportunity for established meditators to deepen their practice and for those new to meditation to experience a valuable but gentle introduction to silent meditation & the Dharma teachings in a welcoming, supportive environment.

**Retreat Fees:**

Standard shared rooms **- $700** for accommodation and all meals,   
Single room with en suite - **$780** limited number of rooms, please check before booking.   
Camping - **$450** for camping site and meals, limited sites available.

NB: To secure your place full payment is required.

Cancellation less than two weeks before the event may incur a cancellation fee of $200.

Some scholarships are available for those with limited means; for information on how to apply

please contact Lisa see details below.

### Booking is a two-step process:

**Step 1**: Complete the **registration form** below and return by email to: Lisa Siegel

Email: augustcreativityretreat (at) gmail.com. Replace at with @

**Step 2**: Make your payment in full by bank transfer to:

**Account Name: Kuan Yin Meditation Centre – Retreat Account**

**BSB: 637 -000**

**Account Number: 719873219**

**Reference: your surname name + Creativity**

**NB Please email the bank transfer confirmation to Lisa Siegel**

NB: **We need your completed registration form and payment in full to secure your booking**.

## For further retreat information please contact: Lisa E: augustcreativityretreat (at) gmail.com or Mobile: 0423362844

After receipt of your registration form and payment your booking will be confirmed.   
Further information providing directions, what to bring etc. will be sent to you with your receipt.

## Should the course be full, you will be notified and your name will be placed on a waiting list. You will be contacted if a place becomes available. Early registration and payment is suggested, as places are limited.

**\*Please scroll down and complete the Registration Form**

**Retreat Registration Form 9th - 15th August 2019**

**Section 1:**

**Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Gender**: | **Age**: |
| **Address:** |  | | |
| **Email:** |  | | |
| **Phone**: | **Mobile**: | **Home**: | |

**Contacts in case of emergency during the retreat:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship:** |  |
| **Phone contact:** |  |

**Personal Requirements:**

|  |  |
| --- | --- |
| **Dietary:** |  |
| **Other needs:** |  |
| **Do you have sleep issues that may disturb others?** |  |

**Transport:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your vehicle registration number if parking at Sangsurya: | | | |  |
| **If you can offer a lift or are requiring a lift, please complete the following section:** | | | | |
| **Offering a lift?** | One way | Return | Number of people you can take: | From: |
| **Requesting a lift?** | One way | Return | From: | |

Note: Reasonable attempts will be made to meet special requirements & lift requests but cannot be guaranteed.

**Section 2:**

**Participant confidential information**

By completing this section you are providing background information for teachers only.

**Life situation and/or occupation:**

|  |
| --- |
|  |

**Current meditation practice** (if any)**:**

|  |
| --- |
|  |

**Previous retreats / meditation practice:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tradition** | **Teacher** | **Year** | **Length** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Current issues that may make meditation or retreat participation difficult for you at this time:**

|  |  |
| --- | --- |
| **Physical** |  |
| **Mental / Emotional** |  |
| **Spiritual** |  |

Many meditators are on a healing journey. On meditation retreats individuals may experience strong physical and psychological states. Please answer all the following questions so we can care for you appropriately.

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have any current or previous:** | **Yes/No** | **Past** | **Current** |
| Drug (including alcohol) abuse or addiction issues |  |  |  |
| Diagnosis or treatment of a mental illness (psychological or psychiatric) |  |  |  |
| Medical conditions that could require attention during the retreat |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **If you answered “Yes” above please give further information about your condition:** | | **Yes** | **No** |
| Are your symptoms currently well controlled? | |  |  |
| Do you currently drink alcohol on a regular basis? | |  |  |
| * If so, have you ever had any problems abruptly stopping alcohol usage? | |  |  |
| Do you currently use recreational drugs (e.g. marijuana, amphetamine, ecstasy? | |  |  |
| * If so, are you able to abstain from all recreational drugs during your retreat? | |  |  |
| Have you ever made a serious attempt at taking your life? | |  |  |
| Do you have a history of emotional instability during intensive meditation retreats? | |  |  |
| * If so, please briefly explain: |  | | |

**If you are taking any prescription medications for physical or psychological conditions please list each medication and daily dosage, as well as the condition it is being used to treat below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | **Current Effect**  **on Daily Life** | **Treatment**  **Including medications.** | **Hospital admissions** | **Current Doctors or Therapists**  **Name & address** |
|  |  |  |  |  |

I will inform the teachers/managers of any change in my circumstances.

By printing/signing my name below, I confirm that the above information is correct.

**Name or Signature: Date:**

Please email your completed form to: augustcreativityretreat (at) gmail.com. Replace (at) with @

**Thank You**