

One-month Intensive Meditation Retreat Admission GUIDELINES

To maintain a good retreat quality,

Please read the following guidelines carefully before you fill out the application

1. Applicants must be 18 or older, and can behave independently.
2. One who is healthy with right faith and right view, and genuinely interested in learning meditation.
3. If there is any reason you cannot attend after you have sent in your application, please let us know early.
4. Please bring your own sleeping bag and all you need for your personal use. Bring light and comfortable clothing for meditation. (fabric would not make a lot of noise, do not wear skirts or shorts); we suggest that you wear shoes without shoelaces for the convenience of entering and existing the halls ◦
5. CYM is situated on higher ground, the morning and evenings can be quite cool. Please dress warm and make sure you bring your jacket, hat and scarf.
6. Don't bring any valuable articles as we will not be responsible for any loss.
7. To prevent from disturbing the practice of others, please don't bring your children to the monastery if they can't maintain quietness in the Dhamma Hall.

Schedule:

One-month intensive program: 10/29/2010 (Saturday) ~ 11/27/2010 (Saturday)

Session 1: 10/30 to 11/05 (Register on 10/29, 6 ~ 7 pm)

Session 2: 11/06 to 11/12 (Register on 11/05, 6 ~ 7 pm)

Session 3: 11/13 to 11/19 (Register on 11/12, 6 ~ 7 pm)

Session 4: 11/20 to 11/27 (Register on 11/19, 6 ~ 7 pm)

- Application:**
1. Fax the application form to 845-228-4283. Bring in the original copy when register.
 2. Mail the application form. Please specify "one-month intensive meditation retreat" on the envelope.

Fee: Chuang Yen Monastery is run on the basis of donation. It welcomes your donation to help cover its costs for hosting this retreat. A donation is welcome when participants register on the first day, or at the end of the retreat. All offering to the Buddha and Sangha are welcome. ◦

※If you will sponsor a vegetarian meal, please let us know before the retreat.

Arahant Meal \$100 ◦

Fortune Meal \$200 ◦

Auspiciousness Meal \$300 ◦

Wisdom & Compassion Meal \$400 ◦

Triple Gem Meal \$500 ◦

Peace Meal (\$any amount)

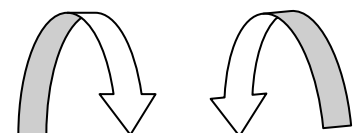
※If you are unable to participate, we welcome your joyfully engagement and merit sharing by sponsoring this retreat, or making offering to the Buddha and Sangha.

Please make the check payable to B.A.U.S.

※All the donation are tax-deductible, send the check to:

2020 Route 301, Carmel, NY 10512.

Please note "one month intensive meditation retreat" on the bottom of the check.



APPLICATION FORM

Please email cym@baus.org or call (845)228-4288 for further information.

BAUS Chuang Yen Monastery

2020 Route 301, Carmel, NY 10512

Tel:845-228-4288 Fax:845-228-4283 Email:cym@baus.org

One-month Intensive Meditation Retreat Application Form 10/29/2010 ~ 11/27/2010

Name:	
Address :	
語 言 : 中文 : <input type="checkbox"/> 聽Listening <input type="checkbox"/> 說Speaking <input type="checkbox"/> 讀Reading <input type="checkbox"/> 寫Writing	
Language: English : <input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Writing	
Phone Number : Home : ()	Cell : ()
Email Address:	
Date of Birth :	Highest Education :
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation :
I can attend : _____ Days From _____ M _____ D to _____ M _____ D	

Your religion :	Your current teacher :	Refuge date, if any :
Why do you wish to participate this meditation?		
Can you sit in meditation comfortably for at least one hour? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How often do you practice meditation? _____,		
Have you joined any meditation retreat before? <input type="checkbox"/> YES <input type="checkbox"/> NO, how many days? _____		

※Please describe any health related problem ? Such as Diabetes, hypertension, epilepsy, ulcers, etc., or any infectious diseases: pneumonia, pulmonary tuberculosis, typhoid etc., or external injury, surgery, bone fractures, etc...

No Yes (Please describe) _____

※Do you have, or have you ever suffered from anxiety, panic attacks, manic depression, mental illness, etc. ?

No Yes (Please describe) _____

※Medicine or foods you are allergic to are:

No Yes _____

※You snore ? No Yes

※Please provide any other information to take into consideration : _____

I will take train from Metro North Grand Central 4:45pm to Cold Spring 5:56pm on ___ 10/29 ___ 11/5, ___ 11/12 ___ 11/19
(We will provide transportation from Cold Spring train station to Chuang Yen Monastery on 10/29, 11/5, 11/12. 11/19 at 5:56pm)
***** Please assembly at the parking lot. The van will absolutely leave on time *****

Emergency Contact Name : (if your contact's name is Chinese, please also give the Chinese characters for it)

Chinese: Tel, Day:

English: Evening:

Relation: Cell:

Waiver of liability: It is fully understood that BAUS and/or Chuang Yen Monastery cannot be sued if any personal illness and/or injury is suffered during the retreat or if any property is damaged, lost, or stolen while a participant is at the retreat.

Signature : _____

Date : _____