

INFORMATION & APPLICATION FORM

Spring 2007 Retreat with Ven. Pa Auk Sayadaw

Information

What: A six week long (optional 3 weeks) eight-precept meditation retreat

Who: Led by Venerable Pa Auk sayadaw of the Pa Auk Tawya Monastery, Mawlamyine, Burma

When: APRIL 17 to MAY 29, 2007

(With a work prep day scheduled for April 16- come help us set up the site!)

Where: Four Springs Retreat Center, Middletown, CA, USA

Size: Maximum number of yogis to sit retreat will be 32-35

Accommodations: Four Springs Retreat Center has several double rooms and a few single rooms. Because there are so few single rooms we will offer them on a medical needs basis first. The center also has space for tents and camping vehicles. We are investigating renting canvas room tents to provide more singles if demand is high. If you are interested in this please let us know by marking the appropriate section of the application form.

UPDATE: 10 Sep 2006 – 30% of yogis signed up so far are planning to camp. Camping space is limited and filling quickly. Please know that sending in registration for camping does not guarantee a space.

Room rates

Single room	Double	Tent or camper
\$375 per week	\$300/week	\$125/week

No commuter spots will be available for this retreat. Preference will be given to yogis who sit the entire retreat.

Deposits, payments & cancellations

Deposits: A deposit is required to process your application. The amount of the deposit is half the total retreat cost. The following table shows the deposit required for various retreat lengths and accommodations.

Room / Duration	6 weeks deposit	3 weeks deposit
Single room	\$1125	\$563
Double	\$900	\$450
Tent or Camper	\$375	\$188

Please make checks out to "Bodhi Way" and mail to the address below. Your check will be deposited when you have been accepted into the retreat

Final Payments: The balance of the retreat cost is due before April 1st 2007. The amount of your final payment is equal to the amount of your deposit. Please make checks out to "Bodhi Way" and mail payments to the address below.

Cancellations: If you need to cancel your participation in this retreat, please tell us as soon as possible. We can refund your payments only if we can fill your slot with another retreatant.

Please print out this application, fill it out completely and return it along with your deposit to:

Bodhi Way Association
ATTN: Bodhiway accountant
1252 Littleton Dr.
San Jose, CA 95131, USA

Bodhi way is a registered non-profit 501.c3 and a portion of your retreat expense may be tax deductible. Any dana given to teacher and staff at the end of retreat is 100% tax deductible

For More Information

Contact Persons

For further information about the retreat you may contact

Kim McLaughlin, kimmcl@pacbell.net 510-524-1996

Richard Zhou, richard@aabase.com 408-921-3578
Bodhi Way Office, 408-452-1139

On the Web

Retreat information:

www.bodhiway.org/retreat (will be ready after 08/10/2006)

Four Spring retreat center:

www.foursprings.org

Information about Pa Auk Sayadaw and his teachings:

www.paauk.org

Sponsored by the Pa Auk Retreat Committee

PLEASE NOTE: No application will be processed without a deposit.

Application

***** NOTE: to reserve a space a deposit payment must accompany this application *****

We respectfully request that you answer all questions .

Name:

Address:

Date of Birth:

Gender:

Phone:

Email:

Occupation:

Preferred dates of attendance: SELECT ONLY ONE

All 6 weeks, April 17 to May 29, 2007

First 3 weeks: April 17 to May 7, 2007

Second 3 weeks: May 8 – May 29,2007

Preferred room assignment: SELECT ONLY ONE

Single: \$375.00 per week

Double: \$300.00 per week

Camper: \$125.00 per week

Please note single room availability is extremely limited, and will be made available first to those with particular medical needs.

If a single is NOT available, will you accept a double room assignment? YES NO

If we get tent cabins, would you consider this option? YES NO

Dates and teachers of previous jhana retreats (ten days or more):

Dates, teachers, and duration of retreats in other traditions:

Describe your current daily practice:

Are you currently in treatment with a therapist or psychiatrist?

Therapist's Name: _____

Work phone _____ Home Phone _____

Is your therapist aware that you are attending this retreat?

Is your therapist familiar with the demands of a meditation retreat?

In the event of a psychological emergency, may we contact your therapist?

Psychiatrist's Name: _____

Office Phone _____ Emergency Phone _____

Is your psychiatrist aware that you are attending this retreat?

Is your psychiatrist aware of the demands of a meditation retreat?

In the event of a psychological emergency, may we contact your psychiatrist?

Have you ever been diagnosed with a psychological condition or mental illness?

If so, describe the diagnosis, treatment and dates.

Are your symptoms currently well controlled?

If no, please describe your current symptoms:

Have you ever made a serious attempt at taking your life?

If so, please state when, and what treatment you have had following this attempt:

Do you have any history of emotional instability during intensive meditation retreats?

If so, please describe.

How do you assess your current ability to work with emotional swings?

Do you have any history of physical illness or limitations that might be aggravated by or interfere with sitting and walking meditation?

If so, please describe:

Do you have any physical limitations that would prevent you from participating in the daily work period?

If so, please describe:

Are you currently taking any prescription medications for physical or psychological conditions?

If so, please list each medication and daily dosage, as well as the condition it is being used to treat:

Are you currently taking any non-prescription medications or food supplements?

If so, please list each medication/supplement and daily dosage:

Do you currently smoke cigarettes?

If so, how many pack of cigarettes per day? _____

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 any recreational drugs

(e.g. marijuana, cocaine, ecstasy)?

If so, are you able to abstain from all recreational drugs during your retreat?

Our capacity to support ongoing medical needs is very limited. Do you have any medical needs that require leaving Four Springs?

If so, please describe:

We offer a simple, balanced vegetarian diet. Our capacity to accommodate customized diets is limited. Do you have any specific medical food needs or allergies that would not be provided for in our diet?

In this 8-precept retreat we will not eat after noon. (If you have a medical reason to eat you may do so). **Will that be a problem for you?**

If so, please specify:

Describe any present circumstances creating additional stress for you that may make meditation more difficult (e.g. recent loss of a loved one or job, illness, fasting, etc.):

This retreat is a silent and monastic environment. Contact with the outside world is minimal. Retreatants need to be at ease with both silence and solitude. Noble Silence is required. Would this environment be problematic for you?

All retreats are continued with the agreement of teachers. Circumstances sometimes arise where the teachers feel it is in the best interest of a yogi to leave the retreat setting. Do you agree to follow the teacher's guidance if such a course is indicated for you?

In case you need emergency support or assistance whom may we contact on your behalf?
Please provide the name of someone who would be available during your stay at this retreat.

Name: _____

Phone: _____ Relationship: _____

**BY SIGNING MY NAME BELOW, I, (PRINT NAME) _____
CONFIRM THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST
OF MY KNOWLEDGE. IF AT ANY TIME MY CIRCUMSTANCES CHANGE, I WILL
INFORM THE CONTACT PERSON LISTED ON PAGE 2 OF THIS DOCUMENT.**

Name: _____ Date: _____

Signature

Mail the completed application and deposit to:

Bodhi Way Association
ATTN: Bodhiway accountant
1252 Littleton Dr.
San Jose, CA 95131, USA

Retreat Scholarship Fund- the Precious Gift of Dana

Dear Friends,

We look forward to the time when we can hold dana retreats at a site that appreciates how impossible it is to charge for the Dhamma, and respects that many of us do not have the funds to pay the current rates for attending many retreats in the US.

Until then, we are trying to be flexible and create conditions that allow people to study with Sayadaw. Four Springs has been a fantastically supportive retreat center, and we look forward to returning there in April of 2007 for our 6 week retreat.

This time we will be responsible for the monks' plane fares in addition to all the other costs to rent the site and feed the yogis. I think our retreat fees should almost cover these costs. But it does not cover any funds for supporting yogis who are not able to meet our basic retreat application costs (or a list of other items you can find at the bottom of this notice).

The gift of a retreat opportunity is priceless, and we want you to know that there are yogis who will truly benefit from your generosity. If you would like to contribute to this priceless gift please contact Richard Zhou at Richard@abase.com or mail to
Bodhi Way Association, Retreat Dana Fund,
1252 Littleton Dr., San Jose CA 95131.
Contributions to this 501C3 are tax deductible

As we get closer to the retreat we will also post a list of needed items we hope people will be able to share with us, including:

- The use of a vehicle or light truck for 6 weeks for our cook Sergio
- Rides to and from the retreat site for yogis coming from out of state
- A computer and printer to use on site for 6 weeks

With Metta,

Kim McLaughlin

Retreat Coordinator