



## 2005 Summer Ango Registration Form

Name:

Address:

City/State/Zip:

Phone:

Email:

Allergies (food and otherwise):

Emergency Contact:

Phone:

I will attend the following times (Circle all that apply):

ALL   Dai Sesshin   Precepts Study   Study Week   Writing Weekend   Shuso Sesshin

By signing this form, I understand and agree that a Zen sesshin/retreat can be challenging physically as well as mentally. We ask that you use good judgment in how you challenge yourself during this sesshin/retreat and that you show your body proper respect during this time. Please always remember that the use of a chair during zazen is both acceptable and encouraged if necessary. Also, while we encourage you to enjoy and respect the silence of the retreat, we ask that you bring any serious concerns to the attention of Roshi Enkyo O'Hara, Hoshi Joshin O'Hara or one of the senior students. We ask that you please sign this release before joining us during this retreat. By signing this document all participants acknowledge that they understand the challenges of this retreat and further agree to waive and release Village Zendo from any and all claims of injury connected with this retreat.

By signing this form, I agree that my deposit is nonrefundable, and I owe the Village Zendo the full payment one month (June 29<sup>th</sup>, 2004) before the angu begins.

With my deposit of \$200 per week or \$500 for three or four weeks, I will either drop off this form at the Zendo or mail it to the address below. I understand that no registration will be made without the proper deposit.

Signature

Date

Summer Ango Registration   Att: Koshin Paley Ellison  
Village Zendo   588 Broadway, Suite 910   NYC, NY 10012-3229