

Please do not e-mail this form

APPLICATION FOR SESSHIN

ZEN CENTER of SAN DIEGO • 2047 Felspar St. • San Diego, CA 92109 • 858-273-3444

Please print clearly to avoid delay in processing your application, and please fill out this form completely.

Name _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____

Emergency contact (name) _____ (phone) _____
(must be blood relative or spouse)

e-mail _____ (ZCSD has no e-mail address, but volunteers may contact you by e-mail).

Circle the sesshin for which you are applying:

Please note: Applications cannot be considered unless a check for sesshin fees is included

<u>Date</u>		<u>Member</u>	<u>Non-member</u>	<u>Mail-in Date</u>
March 25-30	5-day	150	175	Jan 25
April 18-21	3-day (Santa Rosa)	150	175	Feb 18
June 19-22	3-day	90	105	April 19
Aug 12-17	5-day	150	175	June 12
October 3-6	3-day (Questhaven)	175	200	August 2
Dec 26-31	5-day	150	175	Sept 26

Have you ever attended sesshins at ZCSD? ___ Yes ___ No

This will be my ___ 1st ___ 2nd ___ 3rd ___ + sesshin at ZCSD

Date/location/teacher of your most recent sesshin _____

Mail in form no earlier than the mail-in date above, marked: Attention Sesshin Coordinator. The postmark will be entered as the application date. Please wait to make air reservations until your application has been confirmed. We will notify you as soon as decisions have been made. If you haven't heard from us exactly one month before the sesshin begins, please call the Center.

Arrive by 6:30 pm the first night. Last day will end about 3:00 pm.** A light snack will be available the first evening.
****Newcomers please arrive early for orientation. Orientation begins at 4:30 pm**

Work Skills (circle): cooking, shopping prior to sesshin, electrical, carpentry, painting, computer, gardening, sewing, flower arranging, jobs prior to sesshin, other: _____

Physical conditions limiting participation: _____

I agree to maintain a daily sitting practice from the time of this application through the sesshin. I will participate in the entire schedule, including interviews, sittings, meals, work, and any assigned tasks. I will be on time for all activities. I understand that my physical, mental, and emotional well-being are my own responsibility. Zen practice is not a substitute for therapy. I am capable of undertaking the rigors of a sesshin at this time. I am seeking medical or therapeutic treatment for any condition(s) I have, and have revealed all pertinent information on this form. I will sign a waiver releasing ZCSD from accident and injury liability.

Signature _____ Legibly printed name _____

ALL BLANKS ON APPLICATION FILLED IN? ___ Yes ___ No