

Meditation Camp at University of the West
Nov. 20 – Nov 22, 2009

APPLICATION FORM

Name:

Address:

Phone:

Email:

Age:

Gender:

Do you require dormitory accommodation? If yes, please indicate which nights (Nov. 20, 21, 22):

Do you have any history of emotional instability during intensive meditation retreats? Yes / No
If so, please describe:

Do you have any history of physical illness or limitations that might be aggravated by or interfere with sitting and walking meditation? Yes / No
If so, please describe:

Are you currently taking any prescription medications for physical or psychological conditions?
Yes / No

We offer simple vegetarian lunches. Our capacity to accommodate customized diets is limited.
Do you have any specific food needs or food allergies? Yes / No
If so, please specify:

PLEASE SEND THIS FORM ALONGSIDE YOUR CHECK:

Checks payable to: University of the West

For the amount of payment, it is \$60, regardless of how many days you wish to attend the camp
(and an additional \$20 per night if dormitory accommodation is requested).

Please send all checks to:

Attention: Meditation Camp
Dr. William Chu
8003 Tuscany St.
Fontana, CA 92336

*Your application fee will be refunded in full if you are not accepted for participation in the
retreat. We cannot issue refunds or accept substitutions once you are accepted. Please notify us
ASAP if you're unable to attend so we may offer the space to someone else.*

THANK YOU, AND MAY YOU BE WELL AND HAPPY.