

TIBETAN BUDDHIST SOCIETY PERTH

2020 EASTER RETREAT

Commencing Friday April 10th at 9.30am and concluding mid-afternoon on Sunday April 12th

This retreat will comprise teachings and meditations on the ways to purify karma using the four opponent powers. Les will also teach and guide meditations on the practice of Vajrasattva.

The retreat is suitable for all students that have a basic understanding of Buddhism and some experience with Path to Enlightenment teachings such as our Sunday afternoon classes.

Cost for full retreat is \$300 with accommodation or \$250 without accommodation

NOTE: Part time attendance (full days only) is available without accommodation.

RETREAT APPLICATION – PLEASE COMPLETE ALL FIELDS AND ANSWER ALL QUESTIONS

Name: _____ Email address: _____

Mobile number: _____

Emergency contact: _____ Mobile/contact number: _____

If you are not a student of the Tibetan Buddhist Society, please give details of your previous Buddhist experience:

ALL APPLICANTS – PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION

Local students should arrive by 9.15am on Friday April 10th so that we can commence on time. Please access the temple via the dining room at the rear. If you are staying, you will be directed to your accommodation on arrival.

Interstate and out of town students please note:

Accommodation is only available from THURSDAY APRIL 9th (the night before the retreat) through until the evening of the last day (Sunday April 12th) inclusive. Access to the property is available between 9am and 7pm on Thursday April 9th. If you will require an airport pick-up, it can only be provided between these times. As this service is provided by volunteers, please let us know the details of your flight no later than two weeks prior to the retreat.

Please note that departure flight drop-offs are **only available up until 1pm on Monday April 13th**

Arrival Date: _____ Airline: _____ Flight No: _____ Arrival Time: _____

Departure: _____ Airline: _____ Flight No: _____ Departing at: _____

Dinner is available at 6pm the night before the retreat for out of town participants:

Please include me: YES ☐ NO ☐

Local students, please check the following boxes if you are able to bring your own:

Sheets: ☐ Pillow: ☐ Doona/Blankets: ☐ Towels: ☐ Bath Mat: ☐

IMPORTANT DIETARY INFORMATION – PLEASE READ CAREFULLY

Please make your choice and check one option only: **VEGETARIAN MENU:** ☐ **MEAT MENU:** ☐

Do you require the following: **GLUTEN FREE BREAD/CEREAL:** ☐ **SOY MILK:** ☐ **RICE MILK:** ☐

PLEASE NOTE THE FOLLOWING: If you suffer from serious food allergies, please give details below. We may then contact you prior to the retreat to discuss if we are able to accommodate them.

DETAILS OF ALLERGIES: _____

We are unable to cater to individual food intolerances / preferential diets, however, if you require a special diet, we have limited freezer space available if you wish to bring a few pre-cooked meals. Please note that a microwave is available but there are no cooking or food preparation areas available.

*****Please contact us prior to the retreat to discuss this option if you wish to avail yourself of this option.

UNDERSTANDING & AGREEMENT

I have read this application form and the attachments and I confirm that I agree to abide by the retreat conditions:
(Please check this box to indicate your agreement) ☐

PAYMENT INFORMATION

Full retreat with accommodation \$300 ☐ Full retreat without accommodation \$250 ☐

(OR) Part time days @\$85 per day = Total \$ _____

Please state which days: _____

Total Paid/Authorised to charge \$ _____

I wish to pay by the following method:

(Please check the box to indicate your preference and complete details if required)

(A) ☐ Pay online with credit card through our secure online store.

Please go to this web address: <https://tibetanbuddhistsociety.com.au/retreat-fees/>

(B) ☐ Direct EFT Deposit: Date of Deposit _____

Please make your deposit to the following account :

Tibetan Buddhist Society: BSB - 083091

Account number – 048382415

IMPORTANT: Please use the reference "Your surname EASTER" so that we can trace your deposit.

(C) ☐ Charge my credit card:

Select from Mastercard ☐ or Visa ☐

Name as it appears on the card: _____

Card number: _____

Expiry Date: _____/_____/_____

Amount authorised to charge: \$ _____

Please complete your application and return it to us along with your payment by **Sunday March 29th, 2020**