

Staff _____

Pilgrimage of the Heart Yoga One Day Mindfulness and Meditation Retreat With Sujantra McKeever

Thank you for taking the time to fill out this form completely. Your answers will help us create the best possible program for you.

Name _____ Birthday ___/___/___ Age ___

Gender _____ Address _____

City _____ State _____ Zip _____

Email Address _____

Phone # (_____) _____ Occupation: _____

Illnesses: _____ Prescribed Medications: _____

Emergency Contact Information:

| Name | Relationship | Phone |
|------|--------------|-------|
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| | |
|---|------|
| Signature of Applicant (Also parent/guardian if under 18) | Date |
|---|------|

You will receive an email of acceptance once your application has been reviewed.

We look forward to working with you on this exciting and life transforming retreat!

Questions for Prospective Guests:

1. What is your experience with mindfulness and meditation? How long have you been practicing? Do you have a daily practice?

2. What books/ movies/ teachers have most influenced your journey?

3. Have you taken Meditation/Mindfulness at Pilgrimage of the Heart?

4. Have you ever been on a meditation or yoga retreat? If yes, what type and what was the duration?

5. Please describe what you hope to accomplish by participating in this training (possibilities include deepening your own understanding and practice of Meditation; being able to teach a Meditation class, etc.)

6. All of the meals provided will be vegetarian. We are happy to accommodate your further needs. Do you have any dietary restrictions or allergies we need to be aware of? Examples: gluten-free, lactos intolerant , vegan, etc.?

7. Please describe any health conditions you may have that could affect your practice – this can include medical conditions, psychological issues, medications, etc.

8. Are you interested in carpooling. YES _____ NO _____
If yes, are you looking for a ride or can you drive?

9. Do you have any additional comments, questions or concerns about the retreat?

Release of liability: In signing below I agree that Pilgrimage of the Heart, Inc. is in no way responsible for the safekeeping of my personal belongings while I attend the retreat. I understand that the retreat may be physically strenuous and I voluntarily participate with full knowledge that there is a risk of personal injury, property loss, or death. ***I take full responsibility for my participation in this retreat and have taken the advice of my doctor or primary health care professional in these matters.***

Signature of Applicant (Parent/guardian if under 18)

Date
