

Chapel Hill Zen Center

<http://www.chzc.org>

Spring Sesshin Registration Form

May 17 - 22, 2024 — Registration Due Wednesday, May 8
Chapel Hill Zen Center PO Box 16302, Chapel Hill, NC 27516

Name _____ Phone _____

Address _____

E-mail _____

Emergency contact person: Name _____ Phone _____

Liability waiver :Prior to sesshin, you will be required to sign a waiver whereby you release the Zen Center from any liability for accident or injury, and agree not to sue. You may request a copy of the form in advance. Do you have a **medical condition** (e.g., diabetes, heart condition, pregnancy)? If so, please attach a short statement of explanation.

I have an allergy or food restriction Yes ☐ List allergy & severity _____

I need a chair for zazen Part time ☐ Full time ☐

I have an oryoki I can bring Yes ☐ No ☐

I plan to arrive at _____ on _____ I plan to leave at _____ on _____

I can help set up (4:00 P.M.—6:00 P.M.) ☐ I can help clean up ☐

I have enclosed my deposit/sitting fees\$ _____

I would like to donate toward a scholarship fund \$ _____

I paid my deposit/sitting fees online (chzc.org/donate.htm) ☐

Checks payable to
Chapel Hill Zen Center
P.O. Box 16302
Chapel Hill, NC 27516

If this is your first sesshin with the Chapel Hill Zen Center, please attach a short statement about your zazen practice and history: How long have you been sitting zazen? How often are you currently sitting? Have you sat a one-day sitting or longer sesshin before? If so, when and with whom?

Do you have room in your home for someone from out of town to stay? Yes ☐ No ☐

Where do you plan to sleep?