



BLUE CLIFF MONASTERY

FILE NO.

General Retreat Registration Form (not valid for special retreats)

3 Mindfulness Road, Pine Bush, NY 12566, email: office@bluecliffmonastery.org

www.bluecliffmonastery.org Tel: 845-733-5653/4959 Fax: 845-733-4300

Please type or print the requested information below clearly and send/e-mail to us

-Rates: The contribution is towards food, lodging, utilities, and tuition. Fees are per person per night.

-Housing Information: Due to the limited housing at Blue Cliff Monastery, you can either choose dormitory (a few single, double rooms available) or camping on the premises of Blue Cliff. Most rooms are 6-8 beds (bunk beds) with private bathroom; some rooms are 3-5 beds for families with children.

-Contributions to Scholarship Fund: Your generosity makes it possible for those in need to join us. Any amount is greatly appreciated

Housing Codes	Accommodation Type (if you do not specify a roommate on this form we will assign you roommates by gender)	Fees/Person/night (\$)
DORM-A	ADULT 6-8 person room with private bathroom	55.00
DORM-S	STUDENT/Senior (ages 18-26 & 65-over with I.D) 6-8 person room with private bathroom	40.00
DORM-T	TEEN (13-17) 4-7 person room with private bathroom	30.00
DORM-C	CHILD (6-12) 4-7 person room with private bathroom	20.00
CAMP	ADULT Camping with public bathroom PLEASE BRING YOUR OWN TENT	40.00
SNGL	Single room with private bathroom	80/Person/day
COUPLE	2 separate beds with private bathroom	68/Person/day

Last name, First name (1. the contact person in the retreat)	Age	Gender	Housing Codes	Amount
1.				
2.				
3.				
Transportation:				\$
Contribution to Scholarship Fund (optional):				\$
Total Due:				\$
Amount Enclosed:				\$
Balance Due:				\$

**** NO PETS PLEASE****

Day of Visit: From : _____ To: _____ Time of arrival: _____

Address : _____

City : _____ State : _____ Zip: _____ Country: _____

Cell phone: _____ Home phone: _____

Email: _____

In Case of Emergency Contact - name: _____ Phone _____

Please let us know if you are a member of the Order of Interbeing? Yes / No (please circle/highlight) Year of ordination? _____

Means of Transportation (please circle, highlight or underline) :

Train / Bus / Own Car

Time of Arrival (if known in advance).....

(Transportation from Middletown bus/train station is provided by us on **Arrival Day/Friday before 6:00 PM**. Contribution is \$15.00 each way for pick-up. Please add this to the contribution for accommodation. There will be no pick-up service on other days.

After 6:00 PM, Please Call Pine Bush taxi 845-283-8294 or Ellenville 845-647-6868 to arrive to BCM. For Stewart Airport, you can use Visconti Airport shuttle service at 845-567-3560.

Please contribute upon arrival day or send a check payable to: BLUE CLIFF MONASTERY to reserve your space (an advance deposit for stays of a week or longer is greatly appreciated).

Method of Payment: Check Money Order Cash

Please sign below:

I, the undersigned, am aware that during my stay at Blue Cliff Monastery I am responsible for my well being and the Monastery cannot be responsible for any accidents that befall me. Meditation is a complement but not a substitution for psychological drug treatment.

Signed: _____ Date: _____