

# Application for CSE Meditation Retreat participation

"Make a pilgrimage today to the shrine of your heart where God dwells."

We welcome your interest in attending a CSE Meditation Retreat. We are committed to providing an environment that is supportive of deep meditation and contemplation for all who participate. In support of this we request that you complete this brief application.

Namasté,

Rev. Sundari Jensen—Senior Kriya Teacher, CSE

### WHO MIGHT APPLY?

- Those with a regular meditation practice and a desire to deepen their practice
- Those who have been initiated into Kriya Yoga or who have prepared themselves to receive initiation
- Those able to maintain quiet inner-attunement in the presence of others

### WHAT IS THE APPLICATION PROCESS?

- Complete application form and submit with full payment to CSE Programs Office (reviewed in order received). You will be notified by the programs office of the status of your application.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Mark One:  Male  Female

OFFICE USE ONLY	
Date Rcvd:	_____
<input type="checkbox"/> <b>Accepted</b>	
<input type="checkbox"/> Letter Sent:	_____
<input type="checkbox"/> Deposit: \$	_____
<input type="checkbox"/> Full Payment: \$	_____
<input type="checkbox"/> <b>Not Accepted</b>	
<input type="checkbox"/> Letter Sent:	_____

### RETREAT INFORMATION

#### FOUR DAY SILENT MEDITATION RETREAT

March 5-8, 2015

NAME OF RETREAT *you are applying for*

RETREAT DATE *(month, day, year)*

**LODGING REQUEST:** (Note: rooms are assigned in the order received—your request is not guaranteed)

*Note your preference by placing a "1" for first choice, "2" for second choice, or "3" for third choice.*

*Locate this retreat's price for your lodging choices on the CSE website and enter that in the appropriate line.*

_____ Cabin (single) ..... price: \$ _____	_____ Semi-Private ..... price: \$ _____
_____ Cabin (shared bed) ..... price: \$ _____	_____ Tent ..... price: \$ _____
_____ Private (single) ..... price: \$ _____	
_____ Private (shared bed) ..... price: \$ _____	_____ Dormitory ..... price: \$ _____

**DEPOSIT:** Your deposit will not be processed until you are accepted. **Attach your payment for full lodging amount of choice #1 (see above).**

**NOTE:** Deposits are for cost of accommodations (lodging and meals only). The retreat itself is offered on a donation basis. Donations will be accepted at the retreat. **\*\*If you have made your lodging payment online, please initial here:** \_\_\_\_\_

**CHECK #:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_ *(we will process only if accepted and confirmed)*

**CREDIT CARD:** MC or VISA *(circle one)* **PRINT Name on Card:** \_\_\_\_\_

**Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ *(your credit card will be processed only if accepted and confirmed)*

**Please complete the application questions on page two.**

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1. List your reasons for applying to participate in this retreat.

2. **NOTE:** Kriya Initiation and practice is not required for the retreat – this information supports our ability to understand the level of practice and preparation of participants and support all accordingly.

Please note information pertaining to your first initiation into Kriya or preparations for readiness:

a) Date of first initiation into Kriya: \_\_\_\_\_ Initiation received from: \_\_\_\_\_

b) I am not yet initiated into Kriya Yoga, but have prepared myself in the following ways (note here):

**For questions 2-5:** circle the answer that best describes your current situation as asked in the question. If “OK” or “Poor” please explain your current challenges and any serious conditions requiring medication and/or doctor’s care.

3. How would you rate your overall physical health at this time?      *Excellent*      *Good*      *OK*      *Poor*

4. How would you rate your overall mental and emotional health at this time?      *Excellent*      *Good*      *OK*      *Poor*

5. How would you rate your meditation practice at this time?      *Excellent*      *Good*      *OK*      *Poor*

6. How would you rate the stability in your life right now?      *Excellent*      *Good*      *OK*      *Poor*

7. Have you recently gone through a dramatic change, loss of loved one, career change, etc?  
If yes, please explain.

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**I hereby certify that the above information is correct to the best of my knowledge:**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT’S NAME (print)

\_\_\_\_\_  
APPLICANT’S SIGNATURE

**CANCELLATION POLICY:** Cancellations made within 30 days of the retreat start date are non-refundable, unless the retreat is full and the cancelled space is filled by someone on the wait list—in which case retreat fees paid, minus a \$50 administrative fee, will be refunded.

**Please submit your completed application along with payment to Rev. Sundari Jensen at CSE.**