

Retreat/Course Registration Form

| Course Details: | | Your Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|--|----------------------------|-----------------------------|--|--|-------------|-----------------|----------------------|--|--|--------------------------|----------------------|--|--|---------------------------------------|----------------------|--|--|--------------------|----------------------|--|--|--------------------------|----------------------|--|--|-------------|------|------------|--------|---------|----------------------|----------------------|----------------------|---------|----------------------|----------------------|----------------------|--------|--|--|----------------------|
| Course / Retreat Name: <input type="text"/> | | Your Name: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you applying for a Solo Retreat (Yes / No)? <input type="text"/> | | Date of Birth: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, please also complete 'SOLO RETREAT' application form. | | Address: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arrival date: <input type="text"/> | Departure date: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a current member of WET (Yes / No)? <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Details: | | Email: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: <input type="text"/> | | Phone: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health & Safety Guidelines: | | Heath Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(a) Wangapeka provides simple, healthy, mostly vegetarian food. You are invited to bring your own supplements and food if your needs require it.</p> <p>(b) Retreat work can be psychologically challenging. If you are experiencing, or have experienced, challenges to mental or emotional health, please contact the teacher and/or course manager to discuss before the retreat starts.</p> <p>(c) The physical environment and animal life of Wangapeka may pose occasional risk to people or possessions. Our insurance does not cover resulting damage so please take due care and follow any guidelines offered by the caretaker(s).</p> <p>(d) Visitors to at Wangapeka are asked to abide by the 'five precepts of skilful living' - to refrain from: harming others, stealing, sensual misconduct, unskilful speech and use of intoxicating substances.</p> | | <p>Please indicate special dietary needs:</p> <p><input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free</p> <p><input type="checkbox"/> Dairy Free</p> <p>Please list any health conditions you may require assistance with (eg: allergies, physical disabilities):</p> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Guidelines: | | Payment Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(a) Please pay a deposit of NZ\$50, or NZ\$150 if you are staying longer than one month. Payment can be made by Cash, Internet Banking, Cheque or PayPal. Course deposits are non-refundable.</p> <p>(b) If paying by internet banking, our account number is: 03 0703 0156597 03</p> <p>(c) If paying by PayPal, please add 3% to your payment to cover the commission charge.</p> <p>(d) Please enter your name and the course/retreat name as your payment reference details. Please confirm via email or phone once you have paid your deposit.</p> <p>(e) Please consider becoming a member of WET. Our membership subscription is NZ\$60 per annum for individuals and \$75 per annum for families.</p> <p>(f) Please consider making a donation to our Sangha Support Fund. This is used to help those in financial need attend courses and retreats at Wangapeka.</p> <p>(g) Wangapeka Educational Trust (WET) is a Charitable Trust (number CC24103). We depend on financial support to make ends meet. Let us know if you can help by setting up a small monthly direct credit to the above account. Payments in excess of NZ\$60 per annum qualify for free membership to WET. Tax Receipts for donation payments can be issued upon request.</p> | | <p>Payment Method: <input type="checkbox"/> Internet Banking <input type="checkbox"/> Cash <input type="checkbox"/> PayPal <input type="checkbox"/> Cheque</p> <p>Total Paid (\$NZ): <input type="text"/></p> <table border="1"> <thead> <tr> <th colspan="3">This payment is made up of:</th> <th>Office Use:</th> </tr> </thead> <tbody> <tr> <td>Course Deposit:</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Optional WET Membership:</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Optional Sangha Support Contribution:</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>PayPal Commission:</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Other (please describe):</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Office Use:</td> <td>Date</td> <td>CSH/CHQ/DB</td> <td>Amount</td> </tr> <tr> <td>Deposit</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Balance</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="3">Total:</td> <td><input type="text"/></td> </tr> </tbody> </table> | | This payment is made up of: | | | Office Use: | Course Deposit: | <input type="text"/> | | | Optional WET Membership: | <input type="text"/> | | | Optional Sangha Support Contribution: | <input type="text"/> | | | PayPal Commission: | <input type="text"/> | | | Other (please describe): | <input type="text"/> | | | Office Use: | Date | CSH/CHQ/DB | Amount | Deposit | <input type="text"/> | <input type="text"/> | <input type="text"/> | Balance | <input type="text"/> | <input type="text"/> | <input type="text"/> | Total: | | | <input type="text"/> |
| This payment is made up of: | | | Office Use: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course Deposit: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Optional WET Membership: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Optional Sangha Support Contribution: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PayPal Commission: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (please describe): | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Use: | Date | CSH/CHQ/DB | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total: | | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agreement: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have read and accept the above guidelines and have disclosed all information relevant to my registration. | | Signed: <input type="text"/> | Date: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Please email or post the completed registration form to the Office Caretaker. Addresses are provided at the top of the page. Your place on the course will be confirmed after the deposit is received and the course manager / teacher has approved.</p> <p>Sarva Mangalam – "All is Blessing"</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |