

Self Realization Fellowship

Oregon House Men's Silent Retreat Registration

Name _____

Street _____

City, State, Zip _____

Home Phone: _____

Work Phone: _____

Cell _____

Email: _____

Website: _____

Room Request _____

Have you ever been to a silent retreat? _____

Would you like to serve in anyway at the retreat?

Any food allergies or special needs? _____

Person to contact in case of an emergency (phone and cell #)

Please enclose your check or money order for \$190.00 with this form and send off as soon as possible. Makes checks out to the Corvallis Meditation Circle.

Thank you.

We look forward to seeing you in the spring!

Corvallis Meditation Circle
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Corvallis, OR 97333
541-602-9571
dcwodtke@hotmail.com
www.corvallismeditation.org