

# Self Realization Fellowship

## Oregon House Men's Silent Retreat Registration

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Website: \_\_\_\_\_

Room Request (not guaranteed) \_\_\_\_\_

Have you ever been to a silent retreat? \_\_\_\_\_

Would you like to serve in any way at the retreat? (This retreat is completely organized and run by volunteers.)

\_\_\_\_\_  
\_\_\_\_\_

Any food allergies or special needs? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Please enclose your check or money order with this form. Please make checks out to the Corvallis Meditation Circle.

**NOTE:** Please inquire about full or partial scholarships if you require financial assistance. If your desire is to attend we will do all we can to find a way to make it possible! Thank you. We look forward to seeing you in the spring!

Corvallis Meditation Circle  
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