PALYUL RETREAT VISITOR REGISTRATION										
Arrived				Departing			_			
First Name	Legal Last Name									
Other members of your party:										
First Name	1 1	egal Last Name		1 1						
F' N				! ! ! . !						Щ
First Name Legal Last Name							1	1 1		
First Name Legal Last Name										
										1 1
First Name Legal Last Name										
First Name			L	egal Last Name						
		CONTACT	TINFO	ORMATION						
Street address										
City	State			Zip Code		Country				
Home Phone			Work or Mobile Phone							
Email address										
EMERGENCY CONTACT										
Name Phone Num					Relationship					
DIET & HEALTH										
Number of Manatariana	(O.U.B. 10 7 11)									
Number of Vegetarians in your party if any										
Number of Meat eaters in your party if any										
Please list any severe allergies:										
Please list any chronic physiological or psychological issues or required medications:										

ACCOMMODATION AND FEES								
South	South	North	North	East	East	Tent	Tent	Off-site
Single	Shared	Single	Shared	Single	Shared	Single	Shared	
145	106	135	95	125	85	85	75	65

Each person may only have one discount

Discount A: Student: 25% off (shared tent only with proof of full-time student status)—Multiply total by .75

Discount B: Teenagers between 12-17: 25% off — Multiply total by .75

Discount C: Ordained sangha: 50% off (shared tent only with proof of ordination) – Multiply total by .50

Discount D: Children aged 4-12: 75% off (with parent or guardian paying non-discounted single room or

tent fee) - Multiply total by .25

					1				
Discount A	x)	=						
	Number of Students	Number of Nights		Fee					
Discount B	X	×		=					
	Number of Teens	Number of Nights		Fee					
Discount C	X)		=					
	Number of Sangha	Number of Nights		Fee					
Discount D	х)	=		=				
	Number of Children	Number of Nights	Fee						
No Discount	х)	=						
	Number of People	Number of Nights	Fee						
			Total:						
PAYMENT DETAILS									
☐ Money Order	□ Check	□ Cash	□ Visa		MasterCard				
Check Number	•								
Card Number: Expiration Date: MM/YY CCV No:									

Rota

Please report to the kitchen after one meal each day to help with dishwashing. Thank you.