ChoBo-Ji Event Application

Please indicate which event this application applies to:

Dai-Sesshin			Spring			Summer			Autumn		Rohatsu						
Odayaka				Date:													
	Ot	her		Name:	Name:								Date				
Contact Info																	
Name									Dharma Name								
Address																New	
City									State				Zip				
Email													New				
Primary Phone Number															New		
Attendance																	
					I am	atter	nding	part-	time t	he foll	owing	days and ti	mes:				
Full-time?		Yes		No	No												
Housin	ng											ı					
Need o	onsite	housing?		Yes		N	No		Male		Female						
Which	Dates	? From							Through								
Payment																	
I am Ch	nobo	Ji M	ember	Yes)		If m	nember, mont		ithly ar		Membership is monthly dues for the previous 3 months					
I am	payi	ng ii	n full \$		deposit of \$				The balance is due the first day of t					f the event			
Payment method		Check		Bank Pay			Credit (ard Pay		yPal Cash		Receipts		:S	Other	
Meals										•		•	•		•		
Dietary Restric																	
Travel			•														
If not lo	If not local to Seattle, what are your travel plans to and from the zendo (car, bus details, flight details, etc)																
Office				1							1.						
Check Nr				Cash/ Receipts	Receipts		ther				Amount		Batch				
Check N	r			Cash/ Receipts		Ot	ther				Amount B		Batch				