



# REGISTRATION FORM

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip \_\_\_\_\_

Home phone \_\_\_\_\_ cell \_\_\_\_\_

Email \_\_\_\_\_

How did you learn about The Mandala Center? \_\_\_\_\_

Name of Retreat \_\_\_\_\_

Dates of stay \_\_\_\_\_

Roommate request if applicable \_\_\_\_\_

No. of Nights \_\_\_\_\_ m double m private total lodging fee \_\_\_\_\_

No. of meals/passes \_\_\_\_\_ total for meals \_\_\_\_\_

Would you like to make a donation toward our scholarship or programs fund with your payment?

Fee for Workshop \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Discount \_\_\_\_\_

Total Due \_\_\_\_\_

Special needs or requests (allergies) \_\_\_\_\_

\*Read cancellation policy upon registration and mail with receipt. Inform them of the guest guide online.

## Method of payment

m Check # \_\_\_\_\_ date mailing \_\_\_\_\_ Amount \_\_\_\_\_

m Credit Card m visa m mastercard Amount \_\_\_\_\_

Card # \_\_\_\_\_ exp date \_\_\_\_\_

Three digit security code \_\_\_\_\_ confirm name and address matches card \_\_\_\_\_

NOTES: