

# MABA Winter Retreat 2012

## Registration Form

Please print clearly

Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male (for housing allocation only)
Mailing Address: Street _____ City _____ State _____ Zip _____	Date of Birth: _____ Phone: (        ) – (        ) E-mail: _____
<b>Arrival Details:</b> <i>(if you wish to stay longer than two weeks, please write a letter to us to express your motivation and previous experience beforehand.)</i> Arrival Date: _____ (Sunday)    Time: _____ Departure Date: _____ (Sunday)    Time: _____	
<b>Emergency Contact Person</b> Name: _____ Relationship: _____ Email: _____ Phone: (        ) – (        )	

**Cost:** There is no charge for the Winter Retreat. Contribution to cover food, lodging, utilities, & support the MABA monastery are most welcome.

### Liability waiver:

**The following signatures indicate that participants relieve MABA from all liabilities in the event of any injury or illness incurred while staying at MABA.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail the completed form to:

MABA "Winter Retreat"

299 Heger Lane

Augusta MO 63332

Tel: (636) 482-4037    Fax: (636) 482-4078    E-mail: [office@maba-usa.org](mailto:office@maba-usa.org)    Website: [www.maba-usa.org](http://www.maba-usa.org)