

Reservation Form for Introductory Zen Workshop

| Name: |
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| Address: |
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| |
| Phone: |
| E-mail: |
| Age: |
| Occupation: |
| Please indicate the date you wish to attend: |
| November 5, 2016 December 3, 2016 January 21, 2017 |

| How did you find out about the Zen Center's Workshops? |
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| Do you have any special needs we should be aware of? |
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| Would you like dormitory accommodations for the weekend of the workshop? (\$25 per night) |
| Friday |
| Saturday |
| Please mail this form and enclose a check (\$45 for students \$60 for others, special rates for low income persons-please call) made out to the Rochester Zen Center to the following address to ensure your reservation: |
| Rochester Zen Center |
| 7 Arnold Park |
| Rochester, NY 14607 |
| 585-473-9180: or <u>www.rzc.org</u> |
| On the Sunday morning following the workshop participants will be invited back to the Zen Center for |

meditation and a talk given by Roshi Bodhin Kjolhede.