

SanghaPalooza 2015 Registration

Friday, June 12th – Sunday, June 14th

First & Last Name(s): _____

Adult(s): _____

Children (include ages): _____

Phone contact (H & C): _____

E-mail contact: _____

Childcare is available for the morning presentation only. If you would like childcare, please indicate the name of each child:

For Families: How many beds/rooms do you require (if available): _____

Please indicate below the number of adults and children present for each meal:

	Breakfast	Lunch	Dinner
Friday	-----	-----	____adults____children
Saturday	____adults____children	____adults____children	____adults____children
Sunday	____adults____children	-----	-----

Registration fee:

\$50 per adult for entire weekend w/ room = \$_____

** Registration is free for children.*

\$30 per adult for Saturday only, no room = \$_____

Registration is limited. **Deadline for Registration is June 5th**

Return completed forms and payment to the Rochester Zen Center.

Payment can be made by check or through PayPal by transfer to business@rzc.org.

Please use the space below to indicate any dietary needs and/or any special requirements: