## **Registration Form**

P.O. Box 532, Garrison, NY 10524

## **Self-Realization Fellowship**

## **Regional Weekend Retreat**

Name			Geno	ler
Address				
City	State	<b>:</b>	Zip	
Phone	Email _			
May we add you to our ma	iling list? Yes	No		
Cost includes room and m	eals, per person, for 3-n	ight retreat:	<u>:</u>	
<ul><li>Single \$570</li><li>Double \$495</li><li>Dorm \$450</li><li>Commuter \$360</li></ul>				
Retreat Payment total: \$	(pa	ayable via c	heck or card)	
Roommate preference				
Please indicate any physica	l disabilities to assist in			
Dietary Requests				
Credit Card #				
Exp date	_ CVV		Zip Code	
Name on Card				

CANCELLATION Policy: Cancelation notifications should be sent to <a href="events@garrisoninstitute.org">events@garrisoninstitute.org</a>. Please no <a href="mailto:phone calls">phone calls</a>. We assess a \$65 processing fee up to a week in advance of a retreat. Within a week of the event, we will assess an additional fee of \$40 per day for the length of the retreat. If you cancel after 4:00 PM ET the night before a retreat starts, there will be no refund. Additionally, there is no refund on the day of the event. It is in your best interest to be certain of your intention before registering for a program. Our COVID-19 may be found here: <a href="https://www.garrisoninstitute.org/about-us/safety-protocols-for-covid-19/">https://www.garrisoninstitute.org/about-us/safety-protocols-for-covid-19/</a>