Day of Spiritual Practice
with Rev. Kathy Zavada
September 14, 2024

This special day retreat is offered to our spiritual community to deepen in our spiritual practices of meditation, devotional chanting, scripture study, mantra repetition, and dharma topic group discussion. Located at: The Havurah, 185 N. Mountain Ave. Ashland, OR

Your Name _____

Best # to reach you: home (_____) _____   Cell (_____) _____

Mailing/Billing Address (for CC) _____

City _____   State _____   Zip Code _____

Email Address _____

How did you hear of us? _____

Age _____   Health Issues: Mental/Physical/Emotional _____

_____

Medications that you are taking? _____

MEALS: Meals will not be provided. Please plan to bring a bag lunch to enjoy during our lunch break.

TO REGISTER: Register by sending this form via email to **info@UnityCommunityofAshland.org** with full payment in advance of the retreat; or, mail this form to Unity Community of Ashland at 1467 Siskiyou Blvd. #162, Ashland, OR 97520; or, turn in this form following Sunday Service, A confirmation letter will be emailed to you once this form is received.

$67.50 (by Aug. 31, 2024)	**UCOA Members**	**$98** (after Aug. 31, 2024)
$75 (by Aug. 31, 2024)	**Non-Members**	**$98** (after Aug. 31, 2024)

Full payment is required to reserve your space. Checks and payment via PayPal (including credit cards on PayPal) are welcome. Please indicate method of payment below:

PayPal: Paid $ _____ online using PayPal (Confirmation #: _____)

Check: Enclosed is a check for the full amount of $ _____ (required as deposit).

CANCELLATION POLICY: Full refund issued up to 14 days prior to the Day of Spiritual Practice. If you cancel fewer than 14 days from the date, the full fee is non-refundable. You may apply your fee to other upcoming retreats with Kathy Zavada within a year if you wish.

AGREEMENT: My decision to take this workshop is a personal decision. I have not been made any promises or warranties that I will receive any benefits or specific results. I understand that meditation is not a substitute for treatment or services ordinarily provided by health care professionals for physiological or psychological complaints. I further understand that any instruction given to me during the course is for me personally and may not be appropriate for others. I hereby agree to hold Rev. Kathy Zavada, the Unity Community of Ashland, and their officers and agents harmless in any claims brought by me, or on my behalf, which contradict the above. My signature below constitutes my acceptance of the conditions expressed in this agreement.

Signature _____   Date _____

OFFICE USE: Retreat Fee _____   Conf Sent _____   Eval _____   QB _____   CC _____