

# Ashland Spring Retreat

March 18-21, 2026

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? \_\_\_\_\_

**TO REGISTER:** Register by sending this form via email to [info@UnityCommunityOfAshland.org](mailto:info@UnityCommunityOfAshland.org) with full payment at least 40 days in advance of the retreat. Or, mail this form to Unity Community of Ashland at 1467 Siskiyou Blvd. #162, Ashland, OR 97520; or, A confirmation letter will be emailed to you once this form is received.

**\$445** (by Feb. 25, 2026)

**\$545** (after Feb. 25, 2026)

**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).

**ASSISTANCE / INFORMATION:** Our Board Member/Treasurer Peg Turton is our Retreat Administrator. If you have any questions about the retreat, your registration status, or need assistance with arranging a room share at The Bard's Inn, please call Peg at 503.280.0737.

**CANCELLATION POLICY:** Due to limited space and because we expect to fill all 25 available spaces, if you cancel your reservation more than 40 days in advance of the date of the retreat, your registration fee will be refunded **less a \$150 cancellation fee** to cover administrative costs. If you cancel fewer than 40 days from the retreat date, **the full fee is non-refundable.**

**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 \_\_\_\_\_