

## APPLICATION TO ATTEND RETREATS AT THE SAT TEMPLE in 2017

Register online at: <https://satramana.org/web/events/retreats/retreat-application-form/>

Please indicate which retreat(s) you wish to attend, fill in the appropriate information, and return this application to the SAT Temple no later than the end-of-sign-up dates indicated. Please print.

☐ **The Nondual Self-Inquiry Retreat: March 17-19, 2017**

End of sign-up date is February 17, 2017

☐ **The Self-Knowledge Retreat: May 26-28, 2017**

End of sign-up date is April 26, 2017

☐ **Sri Ramana Maharshi Self-Realization Retreat: August 18-20, 2017**

End of sign-up date is July 18, 2017

☐ **The Truth Revealed Retreat, November 10-12, 2017**

End of sign-up date is October 10, 2017

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ email \_\_\_\_\_

Please enter the amount that you wish to donate: \$ \_\_\_\_\_. Please make your check payable to "SAT." Donations may also be made by Visa, Mastercard, Discover, or American Express. Please fill in the information below if you would like to use this method of offering:

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

(The security code is the three digit number on the back of your card near your signature; with American Express it is a 4 digit number on the front of the card)

Credit Card Billing Address if it is different from the address given above:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please give the name and telephone number of someone to be contacted in case of an emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have any serious medical conditions or life-threatening allergies of which we should be aware?

\_\_\_\_\_

Please read the following and **sign** on the line below:

I understand that the Society of Abidance in Truth (SAT) is not responsible for the physical and mental well-being of the participants at the retreat(s) being held at the SAT Temple and that I am free to come or go at any time. I also understand that SAT assumes no responsibility whatsoever for the safety of any facilities that I may visit or in which I may stay or for any activities in which I may engage during the retreat.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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OR, return this application to:

**SAT Temple, 1834 Ocean Street, Santa Cruz, CA 95060**

If you have questions or would like more information, please send an email to us at [sat@cruzio.com](mailto:sat@cruzio.com) or call us at (831) 425-7287.