

**PNQM Silent Retreat Registration Form**  
**1/25/19—1/27/19 (optional extension to 1/28/2019)**

Please register by **1/21/2019** by mailing this form along with a check or money order payable to P.N.Q.M. to Heather Saunders at 1620 Woodard Ave. NW #E4, Olympia, WA 98502. Alternately, you may contact her (phone; 360-352-1543, text/phone 360-252-0548 e-mail: [hstarathome@gmail.com](mailto:hstarathome@gmail.com)) and bring payment to the retreat. Bed space may be limited, so early registration is encouraged!

Our retreat is enriched by each attender. Cost should not be a barrier to attendance, so Friends are expected to pay whatever they can afford in accordance with their own financial situation. No questions, no explanations. Just put your amount on the Retreat Fee line on this registration form.

We need to average \$100/person to meet our expenses. Therefore, larger payments by those who can afford it will be much appreciated and will help others feel comfortable coming even if they can't pay the \$100 fee.

(Reminder. Some monthly meetings have spiritual enrichment funds available.)

NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_  
MEETING \_\_\_\_\_ AGE (circle one) [18 or older] [under 18]  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_  
ARRIVAL TIME/DAY \_\_\_\_\_  
SPECIAL NEEDS (e.g., food allergies; lower bunk; person with whom you will share a double bunk) \_\_\_\_\_

I am interested in staying on Sunday night. YES NO  
I can pay the recommended \$80 for the extension. YES OTHER \_\_\_\_\_

RETREAT FEE \_\_\_\_\_  
SCHOLARSHIP DONATION \_\_\_\_\_  
TOTAL: \_\_\_\_\_

**If you are moved to offer help in one of the following ways, please choose one:**

- ( ) I will arrive early to help set up
- ( ) I will stay late after closing to help clean up
- ( ) I will serve as an active listener
- ( ) I will be responsible for physical support (deal with material needs as they arise)

**Notes:**

In conformity with PNQM policy at all retreats, a minor must be accompanied by a parent or by an adult sponsor carrying a medical release for that minor. Medical release forms, which can be obtained from the registrar ([bill@silentpondmassage.com](mailto:bill@silentpondmassage.com)), should be completed in duplicate as indicated on the form.

For the protection of all attenders, policies are in place concerning attendance of persons formerly convicted of sexual offences. Please ask Heather Saunders (the registrar) or Bill Ames (the convener) for a copy of the most recent policy statement.