

Yarnell Shambhala
Winter Meditation Residential Retreat
with Shastri Kim Kelso
Making Friends with Impermanence

February 28 through March 1, 2020

The retreat begins at 2:00 p.m. Friday and ends at 2:00 p.m. Sunday

Prerequisites: Current participation in a Shambhala Meditation Group

Cost: \$140.00* per person includes meals, accommodations, and teachings. Make checks payable to: Tresa Fikes and mail to Tresa Fikes, P. O. Box 1282, Yarnell, AZ 85362. Payment needs to be received by February 15.

Location: The House of Joseph Retreat and Conference Center at the Shrine of St. Joseph of the Mountains, 16978 Shrine Rd., Yarnell, AZ.

Accommodations: Shared sleeping and bathroom facilities in a beautiful private rural setting. In addition to personal items, bring all bedding and towels needed. Bring a flashlight. Meditation cushions will be provided. Some chair seating will be provided. If you have special needs for seating, please bring what you need.

Clothes: Seasonal clothes, sturdy walking shoes, layers for meditation, indoor shoes that are easy to slip on and off and warm socks since we will be taking off shoes in the meditation hall.

Guidelines from Shrine:

- No fires – extreme caution
- Smoking only in one's car
- No alcohol
- No pets
- Quiet time between 10:00 pm and 6:00 am

*** Payment Policy ***

Generosity Policy: We have a generosity policy to make our offerings available to all who wish to participate. If the program price is an obstacle for you, please consider what works for you, and offer as much of the program fee as you can. For those who can offer more than the retreat price, your generosity will help cover the unexpected costs that arise and help those who are not able to pay the full price.

Honorarium Policy: A gift that recognizes our appreciation for the time and efforts of our teachers. A simple way of expressing thanks for the transmission of wisdom, the courage of leadership and the genuine goodness of those whom we depend upon for guidance. There will be a basket put out at the end of the program in order for people to contribute what they decide.

REGISTRATION FORM

Name: _____

Phone #: _____

Email: _____

Emergency Name and Phone Number: _____

Dietary Palate and Preferences: _____

Comments and Suggestions: _____
