



**Toronto Zen Centre**  
 33 High Park Gardens  
 Toronto, ON M6R 1S8

**APPLICATION FOR \_\_\_\_\_ 20\_\_ TORONTO SESSHIN / RETREAT**

**ANSWER ALL QUESTIONS**

*Applicants should be familiar with the Centre's practice style, by having attended scheduled TZC sittings for an extended period of time. Bear in mind that a sesshin is an intense training period with ten hours of required formal sitting each day. See the online information on sesshins and retreats.*

**DO NOT APPLY TO SESSHIN IF YOU KNOW OF CIRCUMSTANCES THAT MIGHT REQUIRE YOU TO LEAVE EARLY, OR TO CANCEL. IF SUCH A SITUATION ARISES AFTER SUBMITTING YOUR APPLICATION, CONTACT THE CENTRE IMMEDIATELY.**

**PART-TIME DAILY ATTENDANCE REQUEST:** *For each day that you need to spend time away from a sesshin/retreat, list: 1-When you would leave the TZC, and 2-When you would return to the TZC. Plan to arrive and leave during break periods—consult the office for the **schedule for break times during sesshin days.** (FULL-TIME APPLICANTS RECEIVE PREFERENCE WHEN SESSHIN DECISIONS ARE MADE)*

Date + Times (Lv—Ret TZC): \_\_\_\_\_

Date + Times (Lv—Ret TZC): \_\_\_\_\_

Date + Times (Lv—Ret TZC): \_\_\_\_\_

Date + Times (Lv—Ret TZC): \_\_\_\_\_

**APPLICANT CONTACT INFORMATION**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Day/Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

**Emergency Contact:** Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact's Home/Bus Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you a member of the Toronto, Vermont, or Costa Rica Zen Center? \_\_\_\_\_ or a non-member \_\_\_\_\_?  
 Have you, in a formal ceremony, become a student of Roshi Henderson \_\_\_\_\_, Roshi Graef \_\_\_\_\_, or any other teacher? (Give name.) \_\_\_\_\_ Is this your **first sesshin** with Roshi? \_\_\_\_\_  
 Have you attended any sesshins in the last 12 months **other than** those conducted by Roshi Henderson or Roshi Graef? (If YES, list location, length of sesshins, and who conducted them.) \_\_\_\_\_

**CLOTHING:** A brown zazen robe is required for sittings. If you don't have one, there are TZC loaner robes. Arrange to pickup and clean one before sesshin. Bring ONLY **plain dark, solid-colored**, loose-fitting clothes to wear during the work period. Bring a separate set of loose, ample pants (not shorts) and shirt or blouse (not sleeveless) for use during the exercise period. Pure white, light or bright colors and patterned clothing are not appropriate at any time during sesshin. **DO NOT BRING white, light-colored, or patterned socks to sesshin.**

## MEDICAL INFORMATION

Please print clearly or type.

Please answer questions in detail, **whether or not you have done so for a previous sesshin**. If necessary, use an additional sheet of paper and staple it to this application. Please put the question number in front of your answer. The purpose of this medical information is to help determine whether attendance at the sesshin will in any way aggravate a serious physical condition, endanger a participant's health, or affect the smooth running of sesshin. For this reason it is extremely important that all information be current, specific and clearly stated, with regard to both active and inactive conditions. This medical information is solely for the teacher & monitors and will be kept confidential.

1. Are you currently, or have you been in the last three months, under a doctor's care or taken medication under any doctor's prescription? \_\_\_\_\_ If so, please specify in detail the diagnosis, nature of treatment, type of medication, how long the medication was used, and date of last visit to doctor.
2. Are you having any professional treatment for your back, neck or legs? \_\_\_\_\_ If so, when did the problem(s) start? \_\_\_\_\_ Is this condition affecting you now? \_\_\_\_\_ Please specify in detail.
3. Do you have an arthritic, rheumatic or neuralgic condition? \_\_\_\_\_ Explain in full.
4. Within the last ten years, have you had psychotherapy for three months or longer? \_\_\_\_\_ If yes, please state when difficulties began, how long continued, nature of problem, diagnosis, treatment, and results.
5. Do you now have or have you ever had high or low blood pressure? \_\_\_\_\_ If yes to either, please explain and specify if there are any side effects involved.
6. Do you have a heart condition? \_\_\_\_\_ If so, please state the nature and extent of the problem.
7. Have you ever had any major operations? \_\_\_\_\_ If so, please state their nature and date of occurrence.
8. Do you have any internal organs missing? \_\_\_\_\_ If yes, please explain.
9. Do you have any dietary restrictions or need for extra supplements which would have to be taken into account during sesshin? \_\_\_\_\_
10. Do you have allergies to food or to anything else? \_\_\_\_\_ Please specify.
11. Please give any other information bearing on your physical or mental condition. **NOTE: Do not neglect to mention any recent or current infections, communicable diseases, headaches, pregnancy, or abnormal conditions such as prolonged menstruation.**
12. Are any of the above conditions aggravated under stress? \_\_\_\_\_ If you answered yes, please explain:

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If you have answered yes to any of the above, please state whether the condition will affect your sesshin participation. \_\_\_\_\_

**IF AFTER SUBMITTING THIS APPLICATION ANY OF THE ABOVE MEDICAL CONDITIONS ARISE, BE CERTAIN TO NOTIFY THE CENTER IMMEDIATELY.**

**YOUR SESSHIN DONATION:** The hosting of a sesshin is a major undertaking for the Centre as the setup work, planning time & costs are considerable. Therefore to maintain a regular program of such retreats, there is a suggested minimum daily donation rate of \$ 50.00 per day, which is the same whether you attend any sesshin day full time or part-time. Please check the quarterly calendars or the TZC website for ***Application Deadline Dates***.

- My donation is attached as: Cheque / Money Order / Cash (*hand delivered*)
- My donation has been or will be forwarded online via: Interac / PayPal

*(Please indicate which donation level):*

- A minimum donation of \$150.00 for a 3-Day Toronto Sesshin + \$3.50 if using PayPal
- A minimum donation of \$200.00 for a 4-Day Toronto Sesshin + \$4.50 if using PayPal
- A minimum donation of \$250.00 for a 5-Day Toronto Sesshin + \$5.50 if using PayPal
- A minimum donation of \$350.00 for a 7-Day Toronto Sesshin + \$7.00 if using PayPal

If you are printing this application and submitting it in person, please attach your cheque or cash (envelope) donation here for sesshins or retreats.

**ACCEPTANCES:** Please contact the Centre after the sesshin deadline, to confirm if you have been accepted for sesshin. **Late applicants are automatically put on the waiting list.** All participants must be at both the closing and opening ceremonies of sesshin. Unless an emergency has arisen, refunds for cancellations will be made only during the first week after the application deadline.

**SPECIAL SEATING REQUIREMENTS:**

- This is my ***first sesshin***. Required: I have discussed my seating requirements with Roshi:
  - I will be assigned a chair
  - I will not be using a chair
  - I will need access to a chair
- It will be necessary for me to sit in a chair or have access to a chair (***subsequent sesshin***). *If you check this box, the reason must be explained under "Medical Information."* PLEASE NOTE: Except in emergencies, chairs cannot be requested on the day sesshin begins or once sesshin is underway.
- I am allergic to incense and request to sit away from the altar.

**TORONTO ONLY:** *Whenever possible PLEASE DO NOT DRIVE TO SESSHIN as parking space is limited.* If you must drive, check here:\_\_\_\_\_ and please contact the office for important information about applying for a weekly neighborhood parking permit.

***I have read and agree to the following:*** If accepted, I agree to finish the entire sesshin. I will not hold the Toronto Zen Centre responsible for a condition, sickness or accident that might occur during sesshin.

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