

Rocky Mountain Retreat

Speakers: Swami Sridharananda, Monk-in-Charge, Vedanta Society of Sydney, Australia
Swami Kripamayananda, Monk-in-charge, Vedanta Society of Toronto

Venue: Canmore Clubhouse, Alpine Club of Canada, Indian Flats Road, Canmore, Alberta

Date: 9 AM 04 Sept, 2010 to 5PM 05 Sept 2010 (Labour Day long weekend)

Expenses of retreat: CAD 200.00 per participant, CAD 90.00 per non-participant accompanied guest.

1. East Indian Vegetarian meals will be provided on Sept 04, 2010 (lunch & dinner) and Sept 05, 2010 (breakfast & lunch). Cheques are payable to “Vedanta Society of Toronto”.
 2. Dormitory style night accommodation will be provided in Alpine Club hostel. Participants are requested to bring their own toiletries. Bed sheet, pillows, blankets and towels will be provided.
 3. Parking is free however participants are requested to carpool as number of parking stalls are limited.
 4. The filled up form and the cheque to be sent to :
The Vedanta Society of Toronto
120 Emmett Avenue
Toronto, ON M6M 2E6, CANADA
8. The cheque to be dated **01-June-2010**.

View a map of how to get to the Clubhouse at: <http://www.alpineclubofcanada.ca/facility/roadmap.html>

Spiritual Retreat at Canadian Rockies with Rev. Swami Sridharanandaji of the Ramakrishna Order

Organized by: Vedanta Society of Toronto

Speakers: Swami Sridharananda, Monk-in-Charge, Vedanta Society of Sydney, Australia

Venue: Canmore Clubhouse, Alpine Club of Canada

Date: 9 AM 04-Sept-2010 to 5PM 05-Sept-2010

Details of participants

(1) Name of the participant: _____
(Last Name) (First Name)

Address: _____ City: _____

Province/Postal code: _____ Ph. No. (Home): ()- _____

Gender: Male/Female Age Group: _____

General age groups 5-10 yrs 10-16 yrs 17-30 yrs 31-65 yrs Above 65 yrs

Other participants from the family/group(s):

(1) Name: _____ Age Group: _____ Gender : M/F
(Last Name) (First Name)

(2) Name: _____ Age Group: _____ Gender : M/F
(Last Name) (First Name)

(3) Name: _____ Age Group: _____ Gender : M/F
(Last Name) (First Name)

Non-Participants accompanied:

(1) Name: _____ Age Group: _____ Gender : M/F
(Last Name) (First Name)

(2) Name: _____ Age Group: _____ Gender : M/F
(Last Name) (First Name)

Serious health concerns (if any): Please provide brief details with name of the concerned person

Food Allergies(if any): Please provide brief details with name of the concerned person

Contact person(in case of emergency): Please provide name and phone number