MAHASI DHAMMA FELLOWSHIP

APPLICATION FORM FOR MEDITATION RETREAT

1. FULL NAME (IN BLOCK LETTERS)	
2. GENDER	3. NATIONALITY
4. DATE OF BIRTH	
5. RELIGION	
6. OCCUPATION	
7. PERMANENT ADDRESS	
8. TELEPHONE	9. EMAIL

10. CONTACT DETAILS OF CLOSE RELATIVES OR FRIENDS TO BE CONTACTED IN CASE OF EMERGENCY

NAME:

RELATIONSHIP:

ADDRESS:

TELEPHONE:

11. TYPE OF MEDITATION RETREAT

(a) LONG RETREATS*:**)** **SUMMER (JUL/AUG) (Y) WINTER (DEC/JAN)**

(b) INDIVIDUAL SHORT RETREATS: **PLEASE STATE THE INTENDED PERIOD OF STAY** _____(This will need to be agreed by the resident Monk and Trustees)

**** Intensive long medication retreat may not be suitable for those with mental health or physical difficulties affecting mobility and walking.***

12. PREVIOUS MEDITATION EXPERIENCE

(A) NAME OF TEACHER ……

(B) TYPE OF MEDITATION TECHNIQUE/TRADITION ……

C) NAME OF CENTRE/MONASTARY …… (D) DURATION ……

13. ARE THERE ANY MEDICAL OR PSYCHOLOGICAL CONDITION THAT YOU FEEL ARE IMPORTANT FOR US TO KNOW?

PLEASE TICK THE BOXES AS APPROPRIATE

☐ I am taking medications for medical condition/ mental health problems

☐ I need aids for walking and mobility. e.g splints

14. DIETARY REQUIREMENTS

VEGETARIAN ☐

NON – VEGETARIAN ☐

SPECIAL DIET ☐

OTHER ☐ PLEASE STATE: _____

15. HOW DID YOU COME TO KNOW ABOUT THIS CENTRE?

I, … ……., the undersigned, hereby declare that all the information given above is true and I have not left out any important information, and undertake to abide strictly by the rules of **Panditarama Saraniya Dhamma***, practice diligently and follow the instructions of the meditation teacher. I also understand that **Mahasi Dhamma Fellowship** will not be responsible in the event of any physical, mental or psychological injury incurred during the entire period of my stay in **Saraniya Dhamma Meditation Centre**.

Date ……**……..** Signature ……..

* the rules include observance of 8 precepts, such as abstention from taking food after mid-day, alcohol, drugs (except prescription medication) and smoking.