



内观禅修中心 (新加坡)  
Vipassana Meditation Centre (Singapore)

No 1 Paya Lebar Walk Singapore 535926  
Tel : 6 445 3984 Email : vmckm@singnet.com.sg Web Site : <http://vmc128.8m.com>

**Application Form For One Day Mindfulness Retreat**

I am interested to attend the One Day Mindfulness Retreat on 30 Oct 2004

I \*do not need ( ) \* need ( ) to take lunch on the day.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ( ) Female ( ) Male

Address: \_\_\_\_\_

Contact No: [HP/Tel] \_\_\_\_\_ Email: \_\_\_\_\_

Identity Card No/Work Permit No/Employment Pass No: \_\_\_\_\_

- Expiry Date (if applicable): \_\_\_\_\_

Are you new to Buddhist Meditation? Yes ( ) No ( )

If “No”, please specify the type(s) of Buddhist Meditation and the names of the teacher:

\_\_\_\_\_

**Next of Kin to be contacted in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: HP: \_\_\_\_\_ Tel: \_\_\_\_\_

---- **Please tick one:** [ ] I'm already on the mailing list, [ ] Pls put me on your mail list

I, \_\_\_\_\_, the undersigned declare that the above information is true and am willing to abide by the Meditation Teacher's advice and Retreat Regulations. Otherwise, I will leave on my own accord. I also understand that the VMC and owner of the retreat premises will not be responsible for any mental or physical injury, losses or damage of whatsoever nature suffered by me during the retreat.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

=====  
**For official Use**

**Application approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_