



Vipassana Meditation Centre (Singapore)

251 Lavender Street Singapore 338789

Tel / Fax : 64453984

APPLICATION FORM

for

Meditation Course for Beginners One Day Mindfulness Retreat Vipassana /Metta Retreat

Date: From _____ to _____

Section 1: Personal Particulars			
Name:		Occupation:	Age:
Gender: M/F			
Address:			
Contact No: (HP) _____ (Home) _____		Email:	
NRIC/FIN No:		Expiry date (if applicable):	
VMC Member: Y / N	Type of membership:	Membership No:	Expiry Date:
Are you new to Buddhist Meditation: Yes / No If "No", please specify the type/s of Buddhist Meditation and the names of the teachers			
Section 2: Next of Kin to be contacted in case of emergency			
Name:		Relationship:	
Address:		HP/Home tel:	
Section 3: Medical History			
Any history of mental abnormality: Yes / No If yes, Please specify:			
Date of last review: _____		On-going treatment: Yes /No	
Section 4: Disclaimer			
I, _____, the undersigned, hereby declare that the above information is true. I am willing to abide by the Meditation Teacher's advice and the rules & regulations of the Meditation Retreat/Course. If I do not wish to abide by them, I will leave the Retreat /Course on my own accord. I also understand that VMC, its officials, the organisers and the owner of the Centre/Retreat premises will not be responsible for any physical or mental injury, loss or damage of whatever nature that I may suffer during the duration of the Retreat/Course.			
Applicant's Signature: _____		Date: _____	
I also wish to donate \$ _____ (Cash /Cheque no: _____) to help defray the cost of the retreat/ programme conducted by Vipassana Meditation Centre (Singapore).			
Section 5: Monthly Circular / Newsletter			
<input type="checkbox"/> I am already on VMC mailing list <input type="checkbox"/> Please update me via email only <input type="checkbox"/> Please update me via postal address only <input type="checkbox"/> Please update me via email and postal address			
For Official Use			
Approved by: _____		Date: _____	
Remarks: _____			