

**BUDDHIST FELLOWSHIP EXECUTIVE MEDITATION RETREAT
IN PHUKET THAILAND**

**9Jun (Sat) – 13Jun(Wed)/13June - 17 Jun (Sun)/9 June (Sat) – 17June (Sun)2012
(Circle the choice of the Retreat Period)**

Personal Particular			
Name (as in Passport)		Membership #	
		Expiry date	
Date of Birth	/ / (dd/mm/yy)	Gender	Male / Female :
Address		Contact Info	Mobile:
			Office:
			Home :
Email address:			
ROOM MATE:			

Passport Detail			
Passport No.		Nationality	
Country of Issue		VISA Reqd	Yes / No
Date of Issued	/ / (dd/mm/yy)	Expiry Date	/ / (dd/mm/yy)

Other Detail			
Person to contact in case of emergency (Relationship)		Contact Information	Mobile:
			Office :
			Home :
Remarks / Special Need(s)			
Flight Details	<u>Sing/Phuket Flight No/ETA</u> <u>Phuket/Sing Flight No/ETD</u>		

Terms and Conditions	
<p>(a) Terms and conditions apply. All information indicated are subjected to change without prior indication to participants. If the retreat is cancelled through no fault of Buddhist Fellowship, a 90% will be refunded if the new dates are not acceptable.</p> <p>(b) Cheque is to be made payable to "Buddhist Fellowship"</p> <p>(c) One participant for each form</p> <p>(d) Participation is on a first-come-first-served basis</p> <p>(e) This retreat is strictly for Buddhist Fellowship members only.</p> <p>(f) Refund for Cancellation: Before 15 April (50%); 15 – 30 April (30%); 1 - 15 May; (15%). No refund for cancellation after 15 May.</p>	
I accept the above Terms & Conditions. Signature: _____ Date _____	

For Official Use					
#	Pymt For	Date	Amount	Mode	Remarks
1					
2					

Remarks _____

PLEASE TURN OVERLEAF FOR INDEMNITY FORM

INDEMNITY FORM

BUDDHIST FELLOWSHIP
2 Telok Blangah St 31
Yeo's Building
SINGAPORE 108942
Tel: 62780900

I _____ NRIC/Passport _____)
hereby agree that I shall not hold the Buddhist Fellowship, Singapore ("BF") liable for any damage sustained to body, life and/or property or expenses incurred however caused arising from my voluntary participation to Buddhist Fellowship Executive Meditation Retreat organized by BF for the period from 9 to 13 June/13 to 17 June/9 to 17 June 2012 including the travel to and from the venue and the side trips to the various places.

I agree to abide by the following :

1. Observe the Five/Seven Precepts (no jewelry, cosmetics, no music, TV (entertainment), no food after 1 pm, drinks are allowed)
2. Noble Silence –This is to be strictly adhered to. You will be asked to LEAVE the retreat if you should be found chatting. This is to be observed in your sleeping quarters as well.

I declare that I am not suffering from any mental illnesses and I am not on any anti-depression drugs.

I shall adhere to all instructions given to me by any of BF's Coordinators/leaders and indemnify BF should I breach any of its rules and instructions.

Signature : _____ Date : _____

Note: Please bring your own meditation mat/cushion.

PARENT'S CONSENT TO PARTICIPATE IN BUDDHIST FELLOWSHIP EXECUTIVE MEDITATION RETREAT – 9 June to 13 June 2012

I _____ NRIC/Passport _____)
the guardian of _____ ("my child"), hereby confirm that I consent to my child's participation in the above activity and hereby agree to the terms and conditions below.

Date: _____ Signature : _____

Terms and Conditions:

Buddhist Fellowship (BF) will not be liable for any loss or damage sustained to body, life and/or property or expenses incurred however caused arising from my voluntary participation to Buddhist Fellowship Executive Meditation Retreat organized by BF during the Retreat and including the travel to and from the venue including the side trips to the various places.

I shall adhere to all instructions given to me by any of BF's Coordinators/leaders and indemnify BF should I breach any of its rules and instructions.

Signature : _____ Date : _____