



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

Application Form

Date: From/On _____ to _____

<input type="checkbox"/> <i>One Day Mindfulness Retreat</i>	<input type="checkbox"/> <i>Meditation Course for Beginners</i>	<input type="checkbox"/> <i>Day Meditation Retreat</i>
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Section 1 – Personal Particulars

Name:		Age:		Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Address:						
Contact No:	[HP/Tel]	Email:				
Identity Card No/FIN No:			Expiry Date (if applicable):			
Membership No:		Are you new to Vipassana Meditation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If “No”, please specify the type/s of Buddhist Meditation and the names of the teacher:						

Section 2 – Next of Kin to be contacted in case of emergency

Name:		Relationship:	
Address:			
Contact No:	HP:	Tel:	

Section 3 – Medical History

Any history of mental abnormality?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, diagnosis:		Date of last Review:
On Treatment:	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Section 4 – Disclaimer

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

I would like to make a donation of \$ _____ (Cash / Cheque No: _____) to help defray the cost of activities conducted by Vipassana Meditation Centre (Singapore)

I am already on the emailing/ list
 Pls put me on your emailing/ postal mailing list

For official Use

Approved by: _____ **Date:** _____

Remarks: _____
