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).
(Please do not send cash by postal service)

Section 5: Monthly Circular / Newsletter

- ☐ I am already on VMC mailing list
- ☐ Please update me via email only
- ☐ Please update me via postal address only
- ☐ Please update me via email and postal address

For Official Use

Approved by: _____ Date: _____

Remarks: _____