

AJAHN BRAHM'S EXECUTIVE MEDITATION RETREAT

IN HUA HIN THAILAND - 2009

13Jun(Sat) – 17Jun(Wed) / 17Jun(Wed) - 21 Jun(Sun) / 13 June (Sat) – 21Jun(Sun)

(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	Lagoon Room ()	No of Children share a room ()	
	Single Supplement ()	<u>Name of child</u>	Gender <u>Age</u>
Special Needs			
Flight Details	Sing/BKK Flight No/time BKK/Sing Flight No/Time		

Terms and Conditions

(a) Terms and conditions apply. All information indicated are subjected to change without prior indication to participants.
 (b) **No Refund or cancellation is permitted, including non transferable.**
 (c) Cheque is to be made payable to "Buddhist Fellowship"
 (d) One participant for each form (e) Participation is on a first-come-first-served basis
 (f) This retreat is strictly for Buddhist Fellowship members only.

For Official Use

#	Pymt For	Date	Amount	Mode	Remarks
1					
2					
3					

Remarks _____

PLEASE TURN OVERLEAF FOR INDEMNITY FORM

INDEMNITY FORM

BUDDHIST FELLOWSHIP
9 Chwee Chian Road
SINGAPORE 117488
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 Ajahn Brahm’s Executive Meditation Retreat organized by BF for the period from 13 Jun to 17Jun / 17 - 21 Jun / 13 – 21 Jun 2009 including the travel to and from the venue.

I agree to abide by the following:

1. Observe the Five/Eight Precepts (8 precepts include: 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 AJAHN BRAHM’S EXECUTIVE MEDITATION RETREAT – 13 June to 17 June 2009

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 Ajahn Brahm’s Executive Meditation Retreat organized by BF during the Retreat and including the travel to and from the venue.

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 : _____