



MAHĀSATIPATTHĀNA MEDITATION CENTER

Đại Niệm Xứ Thiền Viện

5597 Ekamaggo, Leesburg Florida 34748 - USA

Phone: (352) 533-8495

Email: dainiemxutv@gmail.com

REGISTRATION FORM FOR MEDITATION RETREAT

I would like to sign up to stay for _____ nights at MMC to practice meditation, as followed:

Arriving date: _____ Departing date: _____

Full name: _____ Monk: _____ Nun: _____ Gent.: _____ Lady: _____

Home address: _____

Phone: _____ Email: _____

Age: 18-30: _____ 30-40: _____ 40-50: _____ 50-60: _____ 60-70: _____ 70-80: _____ Above 80: _____

Emergency contact information: _____
(Name) _____ (Phone) _____ (Related as) _____

Health condition: Good health _____ Not good health _____ (If your health is not good, please describe your current health condition and any special medical needs) _____

Health insurance company if available: _____

Experience in Vipassana practice (how many retreat attended; where; how many days per retreat): _____

In preparation for this retreat, I have reviewed in advance the resources and instructions from the web page: <https://www.dainiemxutv.org/index.php/en/meditation-retreats>

I confirm that the information which I provided above is correct. I understand that the Mahāsatipaṭṭhāna Meditation Center is a non-profit organization and this meditation retreat is provided for the benefit of yogi like me. Therefore, I forfeit all responsibility from the Mahāsatipaṭṭhāna Meditation Center should there be some unfortunate event that may occur to me during the time that I attend the retreat here. In addition, I am committed to follow all the rules and regulations of the Mahāsatipaṭṭhāna Meditation Center, especially those that apply during the meditation retreat. I am also willing to sign up to perform minor tasks that are posted by the center during the retreat.

_____ (Full name)

_____ (Signature)

_____ (Date)