



# MAHĀSATIPAṬṬHĀNA MEDITATION CENTER

## Đại Niệm Xứ Thiền Viện

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### 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)