



# SATIPATTHANA MEDITATION CENTRE

40 Jalan Malu-Malu, Sembawang Springs Estate, Singapore 769657

Tel: (65) 67589488 Email: sati\_patthana@yahoo.com.sg

http://www.smcmeditation.org

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## *Registration Form Vipassana Meditation Retreat at SMC July 2010*

Name: \_\_\_\_\_ NRIC / Passport No \*: \_\_\_\_\_  
(as it appears on your passport / NRIC) [\*Please submit a photocopy of NRIC/Passport details with registration form]

Nationality: \* S'porean / PR /Burmese/ \_\_\_\_\_ Sex: \* M / F Marital Status:\* Single / Married

Address: \_\_\_\_\_, S (\_\_\_\_\_).

Contact No (HP) : \_\_\_\_\_ (Off) \_\_\_\_\_ (H) \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

**I wish to practise meditation at SMC for \_\_\_\_\_ days from : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. (DD/MM/YY)**

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### **NEXT OF KIN to be contacted in case of emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, S (\_\_\_\_\_ ) Tel(HP): \_\_\_\_\_

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**MEDITATION EXPERIENCE:**     No     Yes • Type of Meditation \_\_\_\_\_  
• Teacher's Name \_\_\_\_\_  
• Period \_\_\_\_\_ Daily Practice  Yes  No  
• Retreats attended: \_\_\_\_\_

Spiritual Organisation associated with: \_\_\_\_\_

What is your purpose of practising meditation? \_\_\_\_\_

How did you get to know about SMC?  Friends     Internet     Others: \_\_\_\_\_

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**Any history of mental abnormality** (e.g. depression, nervous breakdown):     Yes     No

Yes. Diagnosis \_\_\_\_\_ Date of last review (by doctor) \_\_\_\_\_

On treatment :  Yes     No

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*I, \_\_\_\_\_, declare that the information given in this application form is true and correct. I understand that the Centre reserves the right to reject my application and / or ask me to leave should the information, in whole or in part, proved to be materially untrue and incorrect.*

*I undertake to abide strictly by the rules of the Centre, to learn and practise diligently and follow closely the advice and instructions of the meditation teacher.*

*Furthermore, I shall not hold the Centre responsible and/or liable for any mishap, unforeseen incidents, physical or mental illness/injury that may occur before, during and/or after the intensive retreat at SMC.*

*I will not hold the Centre liable and/or responsible for any items lost at the retreat premises.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_