



## Vipassana Meditation Application

**"To apply for a course you must read Rule & Registration carefully."**

Location : ☐ Bodhidhammayan Retreat KAENG-KHOI, SARABURI Only for Officer  
☐ Sangdhambhodiyan Retreat HATYAI, SONGKHLA ☐ New ☐ Alumni  
☐ Bodhidhammayan Retreat, PHUKET  
☐ School Of Life Foundation, BANGKOK

To..... I want to enroll in an **Vipassana Meditation Course**

Date From ..... to.....

Gender ☐ Male ☐ Female

First Name.....Last Name.....

Age.....Years, Degree..... Occupation.....

Work Place.....

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widow Number of Children.....

Address.....

Province/State..... Email : .....

Nationality..... Phone Number.....

Father's Name.....Mother's Name.....

Emergency Contact Person (Must provide both)

1.....Relationship.....Phone.....

2.....Relationship.....Phone.....

1. Do you have any mental, health or family issues?.....

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2. How do you get information about this course? .....

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3. What is your goal of practicing?.....

.....

4. Transportation ☐ By your own ☐ Travel back and forth with the foundation's van (at some cost).

☐ I have read and agreed to all terms and conditions.

Signature.....

Date.....



School of Life Foundation

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