

Anapanasati Meditation Application

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

Location : ☐ Bodhidhammayan Retreat Kaeng-Khoi, Saraburi
☐ Saeng Dhamma Bhodhiyan Retreat Hatyai, Songkhla

To..... I want to enroll in an **Anapanasati** Meditation
Course Date Between to.....

Gender ☐ Male ☐ Female

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

Date of Birth.....Age.....Years, Degree..... Occupation.....

Work Place.....Work Contact.....

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

Address.....

Province/State.....Postcode.....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?.....

2. What is your course taking expectation?.....

3. How do you get information about this course? (If be a person, please provide their name and relationship).....

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

5.Have you ever practiced meditation before? If so, please describe.

6. 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.....