





Online Application Form for the Meditation Retreat

It is essential to have previous experience in Mahasi Meditation Method and to strictly adhere to the 9 precepts and retreat schedule. Signed application needs to be received before coming to the center. Final-acceptance by SMSC required. (If you have no access to sign on-line can sign on arrival to the Retreat Center)

1. Personal Information

First Name	Min
Last Name	Min
Gender	Male
Address line 1	249, ilam
Address line 2	
Postal Code	8041
Province/Territory	Canterbury
City	Christchurch
Country	
Phone	123
Email	minminthein@gmail.com
Occupation	programmer
Date of Birth	02/02/1978
Canadian Driver License No.	test1
Passport No.	
Date of Issue	
Origin Country	
Government issued photo ID	

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2. Additional Information

Request retreat period

From Date	10/12/2019
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To Date	25/12/2019
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Emergency Contact

First Name	Min
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Last Name	Min
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Relationship to you	test	
Address line 1	test1	
Address line 2		
Postal Code		
Province/Territory	test	
City	test	
Country		
Phone	1212	
Email	minminthein@gmail.com	
Describe your previous retreats (up to five) including Type, Teacher, Location, date and duration for each retreat.		
test		
3. Meal and Medical Information		
Please answer a few more questions about meals and medical insurance so that we can provide you best based on your needs. All fields are mandatory		
Are you Vegetarian?	Yes	
Do you have food or other allergies? If yes, please specify.	Yes	
testing		
Do you have BC or any other type of health insurance? Please specify type of health insurance. (It is imperative to have health insurance.)		
testing		
Do you have any physical or mental health issue SMSC should be made aware?. If yes, please specify	Yes	
testing		
4. Policy and agreement Please read this carefully before you submit this form online. 1. I agree to abide to the following rules and structure :		

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- Practice Mindfulness-Insight (Mahasi Tradition) only
 - Strictly adhere to Nine Precepts
 - Maintain Noble Silence
 - Slow down all actions and behavior at all time
 - Follow retreat schedule
 - Anyone who becomes a disturbance to the retreat will be asked to leave

2. I am aware that I may be photographed or videotaped at retreat for sharing among SMSC participants, yogis and SMSC Dhamma friends.

3. I agree to keep my personal information on the SMSC file.

If "No", you will need to fill up this form at every future retreat you attend.

Yes

BY SUBMITTING THIS ELECTRONIC APPLICATION I WAIVE ALL FORM OF LIABILITY TOWARDS SMSC, ITS STAFF AND VOLUNTEERS FOR THIS RETREAT AND ALL OTHER RETREATS I WILL BE ATTENDING AT SMSC.

First Name : Min , Last Name : Min

Date : 10/12/2019