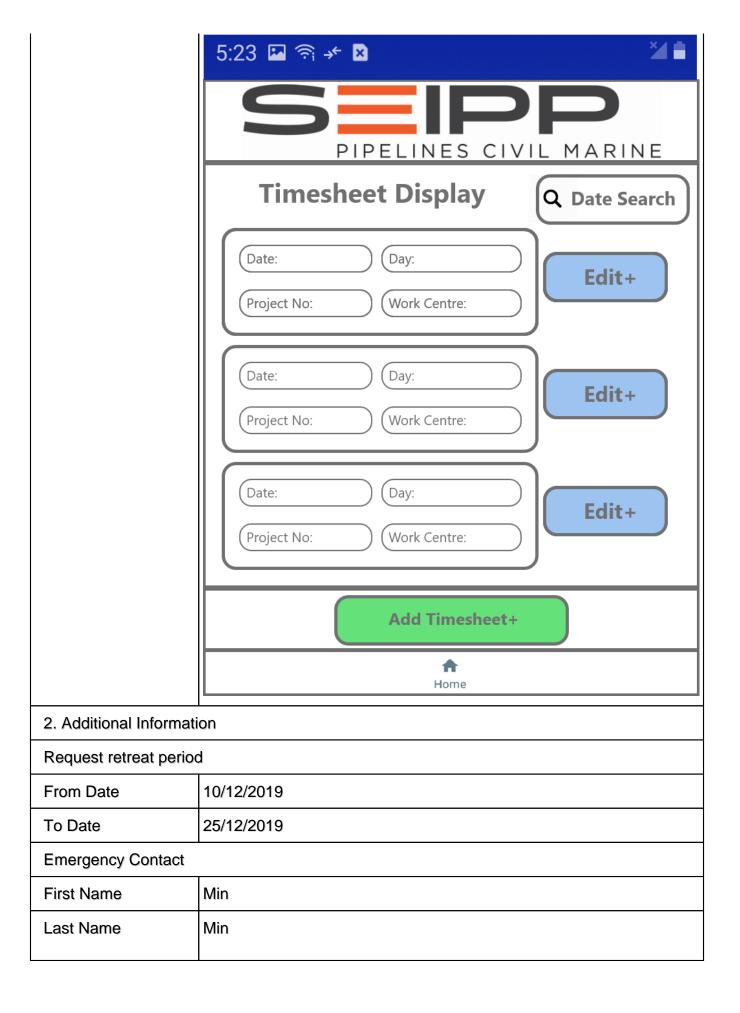
Online Application Form for the Meditation Retreat

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	test1	
License No.		
Passport No.		
Date of Issue		
Origin Country		
Government issued		
photo ID		



2/4

Relationship to you	test		
Address line 1	test1		
Address line 2			
Postal Code			
Province/Territory	test		
City	test		
Country			
Phone	1212		
Email	minminthein@gmai.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.			
I agree to abide to the following rules and structure :			

- 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.
- 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