


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 min
Last Name	thein
Gender	Male
Address line 1	testing
Address line 2	
Postal Code	
Province/Territory	test
City	test
Country	Afghanistan
Phone	123
Email	minminthein@gmail.com
Occupation	testing
Date of Birth	17/11/2019
Canadian Driver License No.	testing
Passport No.	
Date of Issue	
Origin Country	
Government issued photo ID	

			
2. Additional Information			
Request retreat period			
From Date	20/11/2019		
To Date	24/11/2019		
Emergency Contact			
First Name	ds		
Last Name	asdf		
Relationship to you	sadf		
Address line 1	sadf		
Address line 2			
Postal Code			
Province/Territory	sadf		
City	sadf		
Country	Algeria		
Phone	121212		
Email	minminthein@gmail.com		
Most recent meditation retreats attend (Theravada and non-Theravada), up to 5 retreats.			
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
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Do you have food or other allergies? If yes, please specify.	Yes
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Do you have BC or any other type of health insurance? Please specify type of health insurance.

(It is imperative to have health insurance.)

Do you have any physical or mental health issue SMSC should be made aware?. If yes, please specify	Yes
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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 :

- 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 : asdf , Last Name : sadf

Date : 26/11/2019