



CHANMYAY SATIPATTHANA VIHARA

Meditation Retreat Registration Form

APPLICANT INFORMATION

Last Name:	First Name:	M.I.	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date of Birth (mm/dd/yyyy):	Gender:	Occupation:	
If you are driving, would you be willing to be contacted by other students interested in carpooling to the retreat?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Will a friend or family member be taking this retreat as well?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes ,			
Name(s)/Relationship: _____			
Have you completed any retreat(s) with Chanmyay Sayadaw or his Assistant Teachers?			YES <input type="checkbox"/> NO <input type="checkbox"/>

NEW CHANMYAY MEDITATORS

Have you had any previous experience with meditation practices?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes , please give details. Date, duration of practice, name of the teacher(s), location (If necessary, continue on the back or another sheet of paper.)	

RETURNING CHANMYAY MEDITATORS

Have you practiced any other meditation techniques (including other types of Vipassana) since your last retreat with Chanmyay Sayadaw or his Assistant Teachers?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please give details. Date, duration of practice, name of the teacher(s), location.	
Have you maintained your practice of Vipassana meditation since your last retreat?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please give details (how much time daily, etc.).	

ALL MEDITATORS

Check here if you can come early to help set-up if needed.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Check here if you would be willing to serve this retreat should the need arise.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Check which type of food you wish to take for your meals during the retreat.	Non-vegetarian <input type="checkbox"/> Vegetarian <input type="checkbox"/>
If you are not attending the entire retreat, please give your arrival date and hour: _____ and departure date and hour _____.	

OTHER INFORMATION

Do you have any physical health problems or limitations, medical conditions, or diseases which might affect your ability to undertake the retreat or may require medical attention during your stay?

YES NO

If yes, please give details (dates, symptoms, duration, treatment, present condition).
If long history, kindly insert a separate sheet for it.

Are you now taking, or have you taken within the past two years, any prescribed medication for the above problems?

YES NO

If yes, please give details (dates, types, dosage, present use).

Do you have, or have you ever had, any mental health problems such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.?

YES NO

If yes, please give details (dates, symptoms, duration, hospitalization, treatment, present condition).

Are you now taking, or have you taken within the past two years, any prescribed medication for the above problems?

YES NO

If yes, please give details (dates, types, dosage, present use).

Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)?

YES NO

If yes, please give details (dates, types, amounts, additions, treatment, present use.)

Are you now taking, or have you taken within the past two years, any other prescribed medication?

YES NO

If yes, please give details (dates, types, dosage, present use).

DISCLAIMER AND SIGNATURE

I acknowledge that I agree to stay on the retreat site and to abide by all the rules and regulations for the duration of the retreat. I realize that a Vipassana meditation retreat is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true and complete to the best of my knowledge.

Signature

Date

EMERGENCY CONTACTS

Full Name:	Relationship:
Address:	Phone: ()
Full Name:	Relationship:
Address:	Phone: ()
Full Name:	Relationship:
Address:	Phone: ()

HEALTH INSURANCE INFORMATION

Insurance Company:	Group:
Policy Number:	Phone: ()