



# MAHASI DHAMMA FELLOWSHIP

Panditarama Saraniya Dhamma Meditation Centre

Charity Registration No. 328302

420 Lower Broughton Road, Salford, Manchester, M7 2GD

Tel: +44 (0) 161 281 6242

## APPLICATION FORM FOR MEDITATION RETREAT

1. FULL NAME (IN BLOCK LETTERS)	
2. GENDER	3. NATIONALITY
4. DATE OF BIRTH	
5. RELIGION	
6. OCCUPATION	
7. PERMANENT ADDRESS	
8. TELEPHONE	9. EMAIL
10. CONTACT DETAILS OF CLOSE RELATIVES OR FRIENDS TO BE CONTACTED IN CASE OF EMERGENCY	
NAME: _____ RELATIONSHIP: _____	
ADDRESS: _____	
TELEPHONE: _____	
11. TYPE OF MEDITATION RETREAT	
LONG RETREATS*: <b>EASTER (MAR/APR)</b> <input type="checkbox"/> <b>SUMMER (JUL/AUG)</b> <input type="checkbox"/> <b>WINTER (DEC/JAN)</b> <input type="checkbox"/>	
ONE DAY RETREATS: <b>DAY RETREAT FOR BEGINNER (THE LAST WEEKEND OF EACH MONTH)</b> <input type="checkbox"/>	
SHORT RETREATS: <b>PLEASE STATE THE INTENDED PERIOD OF STAY</b> _____	
<i>* Intensive long meditation retreat may not be suitable for those with severe mental illnesses.</i>	
12. PREVIOUS MEDITATION EXPERIENCE	
(A) NAME OF TEACHER .....	
(B) TYPE OF MEDITATION TECHNIQUE/TRADITION .....	
(C) NAME OF CENTRE/MONASTERY ..... (D) DURATION .....	

13. ARE THERE ANY MEDICAL OR PSYCHOLOGICAL CONDITION THAT YOU FEEL ARE IMPORTANT FOR US TO KNOW?	
14. DIETARY REQUIREMENTS	
VEGETARIAN	<input type="checkbox"/>
NON – VEGETARIAN	<input type="checkbox"/>
SPECIAL DIET	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
PLEASE STATE: _____	
15. HOW DID YOU COME TO KNOW ABOUT THIS CENTRE?	

I, ....., the undersigned, hereby declare that all the information given above is true and I have not left out any important information, and undertake to abide strictly by the rules of **Panditarama Saraniya Dhamma\***, practice diligently and follow the instructions of the meditation teacher. I also understand that **Mahasi Dhamma Fellowship** will not be responsible in the event of any physical, mental or psychological injury incurred during the entire period of my stay in **Saraniya Dhamma Meditation Centre**.

Date .....

Signature .....

**\* the rules include observance of 8 precepts, such as abstention from taking food after mid-day, alcohol, drugs (except prescription medication) and smoking.**