

Retreat Application Form

Please print out and fill in, or send these informations to us by e-mail

First Name:

Last Name:

E-mail:

Sex: male female

Nationality:

Date of Birth:

Age:

Address:

Telephone number:

Occupation:

Emergency contact (name/number):

Retreat, I sign up for:

7-day meditation retreat with MC Brigitte

November

December

February

New Years Retreat 1-9 January

I can only stay for a part of the retreat (details):

I would like to stay longer (details):

I will observe 8 precepts during the retreat:

Yes (e.g. I will take no solid food after noon)

No (e.g. I need a light supper - there is a possibility to make exceptions if you have health issues (diabetes, pregnancy, on medication ... you will have to bring your own food for supper, or keep some suitable food from lunch for the evening. At the temple we do not prepare food after lunch)

I am vegetarian

Have you ever attended a samatha/vipassana meditation retreat before?

No, never

Yes

Do you have any mental/psychological issues or are you on any kind of medication for these issues?

No

Yes, Details:

Any special requests or needs:

If you withhold any information about your physical and psychological issues, we do not take responsibility for any problems arising.