

Retreat Application Form

Please fill in the information below and send these to us by e-mail:

First Name:

Last Name:

E-mail:

☐ male ☐ female ☐ other

Nationality:

Date of Birth:

Address:

Telephone number:

Occupation:

Emergency contact (name/number):

Retreat, I sign up for:

7-day meditation retreat with MC Brigitte

☐ November ☐ Dezember ☐ January ☐ February

☐ Special Retreat:

☐ 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.