

## BHAVANA RETREAT APPLICATION FORM

7-Day, 6-Night Meditation Retreat at Nalanda Centre  
Led by Venerable Yogavacara Rahula (USA)

Start Date : 3 June 2012, Sunday, 2pm

End Date : 9 June 2012, Saturday, 5pm

*All personal information is kept strictly confidential. Please fill in all necessary information below clearly and accurately in CAPITAL letters and submit the duly completed form to the organizer by:*

- Scanning and emailing to [bhavana@nalanda.org.my](mailto:bhavana@nalanda.org.my);
- Faxing to 03-8938 1502; or
- Posting/Delivering to Nalanda Centre, 3357 Jalan 18/31, Taman Sri Serdang, 43300 Seri Kembangan, Selangor.

Name : \_\_\_\_\_ Gender : M ☐ F ☐

Date of Birth : \_\_\_\_ (D) \_\_\_\_ (M) \_\_\_\_ (Y) Occupation : \_\_\_\_\_

Home Address : \_\_\_\_\_  
\_\_\_\_\_

E-mail : \_\_\_\_\_ Phone No. : \_\_\_\_\_

*The information requested below will help the meditation teacher to better understand your background and any difficulties you might encounter during the retreat.*

1. Do you practise meditation regularly? If yes, what kind, and for how long have you been practising?

\_\_\_\_\_

2. If you have attended a meditation retreat(s) before, please provide details below:

Name of Teacher(s) : \_\_\_\_\_ Location : \_\_\_\_\_

Technique / Tradition : \_\_\_\_\_ Year : \_\_\_\_\_ Duration : \_\_\_\_\_

3. Are there any recent circumstances (e.g. loss of a loved one, illness, fasting, substance abuse, prolonged depression) or past history (e.g. serious attempt to take your life) that might affect your retreat? Yes ☐ No ☐

4. Are you currently taking any prescribed medication? Yes ☐ No ☐ If yes, please list them and the daily dosage.

\_\_\_\_\_

5. Medical emergency contact:

Name: \_\_\_\_\_ Phone No. : \_\_\_\_\_ Relationship: \_\_\_\_\_

6. Do you have any serious food allergies? Yes ☐ No ☐ If yes, please describe.

\_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_