



TATHAGATA MEDITATION CENTER

1215 Lucretia Ave, San Jose CA 95122 Tel: (408) 294-4536 www.tathagata.org

Self Retreat Registration Form

I, the undersigned, would like to have the permission to stay at Tathagata Meditation Center for _____ nights to conduct a self retreat. I will arrive on ___/___/___ and depart on ___/___/___.

Name: _____ Male Female
Last First

Address: _____ city: _____ state/zip: _____

Phone: (____) _____ Email: _____

Age: 18-19 20-30 30-40 40-50 50-60 60-70 70-80 Over 80

Emergency Contact: _____
Name Phone Relationship

Health Information: Good health
 If not good, please state your current condition including disability and mental problem: _____

Health Care coverage. If yes, name of Company: _____

Previous practice: _____ (Number of Mahasi Tradition Vipassana retreats attended in the past)

Retreat donation to cover utility expenses (\$25 a night/day):

Amount: \$ _____ Cash Check number (payable to TMC)

I hereby certify that the information provided in this application is accurate to the best of my knowledge. I understand that Tathagata Meditation Center is a non-profit organization and the retreat is solely for the benefits of meditators like myself. Therefore, I waive Tathagata Meditation Center and its staff from all liabilities while I am staying at the center during the Self Retreat should my request is granted. In addition, I will fully observe the rules and regulations of Tathagata Meditation Center especially those for the Self Retreat.

Signature

Sayadaw's signature for approval

Date