



# Self Retreat Registration Application

I, the undersigned, would like to have permission to stay at Tathagata Meditation Center (TMC) for \_\_\_\_\_ nights to conduct a self retreat. I will arrive on \_\_\_\_\_ and depart on \_\_\_\_\_.

Name: \_\_\_\_\_ Male: \_\_\_ Monk: \_\_\_; Female : \_\_\_ Nun: \_\_\_  
Last First

Address: \_\_\_\_\_  
(Number and street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
Name Phone Relation

Health Information: \_\_\_ Good health.  
\_\_\_ If not good, please state your current condition and medical need: \_\_\_\_\_

Health insurance company: \_\_\_\_\_

COVID 19 PANDEMIC: \_\_\_ If I happen to have positive test, I will leave the retreat immediately.  
(Requirements) \_\_\_ If I happen to develop coughing, I will wear mask at once.

**Vipassanā retreats** attended at TMC in the past (at least two one-month retreats to be considered): How Many Times, Where, When, How Long

\_\_\_\_\_  
\_\_\_\_\_

Retreat fee (**\$30 a day**): Amount: \$ \_\_\_\_\_; to be paid by: Cash: \$ \_\_\_\_\_; Check Number: \_\_\_\_\_ (check payable to TMC); Zell (**tmc.zelle@gmail.com**): \$ \_\_\_\_\_; Paypal: \$ \_\_\_\_\_ (for paypal, add \$35 for paypal fees), Confirmation Code: \_\_\_\_\_.

I hereby certify that the information provided in this application is accurate to the best of my knowledge. I understand that Tathāgata Meditation Center is a non-profit organization and the Self-retreat is solely for the benefit 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 including self-sufficiency on food.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Abbot's signature for approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
President or Executive Director's signature for approval