



TATHAGATA MEDITATION CENTER

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

Weekend Retreat Registration

I, the undersigned, would like to enroll in the Weekend Vipassana Retreat at Tathagata Meditation Center for the following day(s): (**Requirements:** Attend at least one full day AND arrive before 8:00am)

Saturday: Date: _____

Sunday: Date: _____

Name: _____ Male Female
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 Not Good. If not good, please state your current condition including disability, mental problem and medical needs:

Health insurance company: _____

Meditation Experience: (1) Mahasi tradition: Teacher(s): _____

_____ When & how long? _____

(2) Others: _____
(3) None

Donation (Optional): \$_____ Cash Check(payable to **TMC**) Check#: _____

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 Weekend Retreat is organized solely for the benefit of meditators like myself. Therefore, I waive Tathagata Meditation Center and its staff from all liabilities while I am attending the Weekend Retreat at this center. In addition, I will fully observe the rules and regulations of Tathagata Meditation Center especially those for the Weekend Retreat. Should I break the rules and regulations, the retreat coordinator(s) could terminate my participation at anytime.

Full Legal name in print

Signature

Date