



Sāsanārakkha Buddhist Sanctuary, Taiping, Perak
Hokkien Meditation Retreat conducted by Āyasmā Aggacitta
 1 – 9 Nov 2016

Attach photo
here

Required of first-time
applicants only

Application Form

Important reminders:

- a) Priority is always given to yogis who apply for the full retreat.
 b) Application forms that are not filled out completely will be rejected (especially those without a valid email and/or a photo).
 c) If you do not get any response two weeks after posting this form, send an email to Bro. Rhung (E: rc@sasanarakkha.org)

1. Full Name: (as per NRIC followed by nickname)	2. Age:	3. Gender: <input type="checkbox"/> Male (Please √) <input type="checkbox"/> Female																								
4. Correspondence address:	5. Tel no.: (Give at least one no. that can easily reach you.) a. Home: b. Mobile:																									
6. Email: [REQUIRED: write clearly esp. the upper & lower case, the 0 (zero) & o (letter 'o'), the – (dash) & _ (underscore)] ¹		7. Can you converse in Hokkien? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please √)																								
8. In what way have you helped or supported SBS or Āyasmā Aggacitta?	9. Period of stay ² (Please √): <input type="checkbox"/> 1 – 9 Nov 2016																									
10. Do you have any chronic mental or physical illness or disability? (Please √) <input type="checkbox"/> Yes (Please elaborate below) <input type="checkbox"/> No		11. Previous retreat experiences:																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;">Teacher</th> <th style="text-align: left; width: 30%;">Type</th> <th style="text-align: left; width: 30%;">Duration & Year</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table>			Teacher	Type	Duration & Year
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Next of kin to be contacted in case of emergency:

Name:	Telephone no.:	Address:
	Home:	
Relationship:	Work: Mobile:	

I hereby declare and acknowledge that:

- The particulars given in this form are to the best of my knowledge **true and correct.**
- I shall try my best to follow the rules and regulations of SBS insofar as they affect me as a participant.
- I shall not hold SBS Management Committee or Sangha or the Meditation Teacher liable for any mishap due to my own action or negligence during my stay in SBS.
- SBS reserves the absolute right, in exceptional circumstances, to require a resident to leave SBS at 24 hours notice. This right shall be exercised in the best interests of SBS.

SIGNATURE

DATE

Please check to make sure you have filled up the form **correctly and completely**, then send it to

HMR2 Co-ordinator
 28 & 30, 1st Floor,
 Jln Medan Taiping 4,
 Medan Taiping,
 34000 Taiping, Perak, Malaysia.

Closing date: 1st Oct 2016

Your application **will not be processed if your handwriting is illegible.*

1 If you do not use email please indicate an email address of someone close to you.
 2 All participants are required to observe 8 Precepts.