| Personal Information | | | |
| --- | --- | --- | --- |
| Name (as in passport): | | | |  | | | |
| Dhamma Name (if any): | | | |  | | | |
| Gender: | | | | ⬜ Bhikkhu (Monk) ⬜ Sāmanera (Novice) ⬜ Layman (Mr.) L  ⬜ Bhikkhunī ⬜ Nun ⬜ Laywoman (Mrs./Ms.) | | | |
| Date of Birth (DD/MM/YYYY): | | | |  | | | |
| Date of Ordination (if ordained): | | | |  | | | |
| Passport Number: | | | |  | | | |
| Country of Passport: | | | |  | | | |
| Intended Arrival Date | | | |  | | | |
| Intended Period of Stay | | | |  | | | |
| Occupation/ Profession: | | | |  | | | |
| Religion: | | | |  | | | |
| Address: | | | |  | | | |
| Phone: | | | |  | | | |
| Email: | | | |  | | | |
| Emergency Contact | | | |
| Name: | | | |  | | | |
| Relationship: | | | |  | | | |
| Address: | | | |  | | | |
| Phone: | | | |  | | | |
| Email: | | | |  | | | |

| Other Information | |
| --- | --- |
| Have you ever practiced at Kyunpin Meditation Center?  If yes, how many times, for how long altogether,  and when was the last time (MM/YYYY)? | |  | |
| Any previous meditation experience?  If yes, who was your teacher, which meditation method,  for how long, and where? | |  | |
| How did you hear about this meditation center? | |  | |
| Do you have any chronic disease or personal ailment?  If yes, please list. | |  | |
| Have you ever experienced or been treated for depression, a nervous breakdown or a psychological condition?  If yes, please list the date(s). Has it been resolved? | |  | |
| What is your purpose of practicing meditation? | |  | |

**PLEASE READ CAREFULLY AND SIGN BELOW:**

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I undertake to abide strictly by the rules of Kyunpin Meditation Center, practice diligently and follow closely the instructions of the meditation teacher.

*Signature of Applicant*

*Date Signed*