

# GUEST REGISTRATION



*dhammapala*



*kandersteg*

Arrival date:

Departure date:

Family Name:

First Name:

Address:

Sex: m  f  other

Year of birth:

Nationality:

Email:

Phone:

Profession

Language: g  e  f  t

Previous stays at Dhammapala (when?):

Meditation experience (tradition, duration):

Is there anything that we need to know about your physical or mental health that could affect your stay at Dhammapala monastery?

## Emergencies:

Whom to contact (relationship, name, place and phone):

If you currently take medication for a physical or psychological condition, please list them here:

By completing this form, I acknowledge that the monastery Dhammapala does not accept any responsibility for damages and injuries.

Place, date

Signed