

# GUEST REGISTRATION FOR LONG COURSES

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?):  Previous meditation experience:

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