

GUEST REGISTRATION FOR WEEKEND 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: