

GUEST REGISTRATION



dhammapala



kandersteg

Arrival date

Departure date:

Family Name:

First name:

Address

Sex m w andere

Year of birth:

Nationality:

Email:

Phone:

Profession:

Languages g e f t

Previous stays at Dhammapala (when?):

Meditation experience (tradition, duration):

Is there anything we need to know about your physical or mental health that could effect 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:

Signature