



GUEST REGISTRATION*

Dhammapala Kandersteg

Family name First name Arrival date Departure date

Address Year of birth

Email Phone

Profession (optional) Nationality

Sex: m w other
Languages: g e f t

.....
Previous stays at Dhammapala (yes, when / no):

Meditation experience (tradition, duration)
(please use separate sheet if necessary):

Is there anything we need to know about your physical or mental health that could affect your stay at Dhammapala monastery?
(please use separate sheet if necessary):

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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