

**SIGN-UP FORM**  
*at Mahāsatipaṭṭhāna Meditation Center*  
*Leesburg, FL.*

I would like to sign up to stay for \_\_\_\_\_ night(s) to attend the meditation retreat as followed:

Arriving date: \_\_\_\_\_ Departing date: \_\_\_\_\_

Full name: \_\_\_\_\_ Monk: \_\_\_\_\_ Nun: \_\_\_\_\_ Gent.: \_\_\_\_\_ Lady: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: 18-20: \_\_\_\_\_ 20-30: \_\_\_\_\_ 30-40: \_\_\_\_\_ 40-50: \_\_\_\_\_ 50-60: \_\_\_\_\_ 60-70: \_\_\_\_\_

70-80: \_\_\_\_\_ over 80: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_  
(Name) (Phone) (Related as)

Health condition: Good health \_\_\_\_\_ Not good health \_\_\_\_\_. If your health is not good, please describe your current health condition and any special medical needs. \_\_\_\_\_

Health insurance company if available: \_\_\_\_\_

Experience in Vipassana practice (how many retreat attended; where; how many days per retreat...): \_\_\_\_\_

I confirm that the information which I provided above is correct. I understand that the Mahāsatipaṭṭhāna Meditation Center is a non-profit organization and the meditation retreat is provided for the benefit of yogi like me. Therefore, I forfeit all responsibility from the Mahāsatipaṭṭhāna Meditation Center should there be some unfortunate event that may occur to me during the time that I attend the retreat here. In addition, I am committed to follow all the rules and regulations of the Mahāsatipaṭṭhāna Meditation Center, especially those that apply during the meditation retreat.

\_\_\_\_\_  
(Full name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)