



## MEDITATION RETREAT REGISTRATION FORM

Please complete this form carefully. All information will be kept confidential and used only for retreat administration and participant wellbeing.

### 1. RETREAT DETAILS

- **Retreat Name:** \_\_\_\_\_
- **Retreat Dates:** \_\_\_\_\_
- **Retreat Type:** ☐ Residential ☐ Day Retreat ☐ Other: \_\_\_\_\_

### 2. PERSONAL INFORMATION

- **Full Name (as per ID):** \_\_\_\_\_
- **Preferred Name:** \_\_\_\_\_
- **Gender:** ☐ Male ☐ Female ☐ Other ☐ Prefer not to say
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Nationality:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

### 3. CONTACT DETAILS

- **Mobile Phone:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Residential Address:** \_\_\_\_\_

### 4. EMERGENCY CONTACT

- **Name:** \_\_\_\_\_
- **Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### 5. MEDITATION EXPERIENCE

- **Have you practised Vipassana meditation before?** ☐ Yes ☐ No
- **If yes, where and for how long?** \_\_\_\_\_
- **Have you attended a retreat at Panditarama (any centre) before?** ☐ Yes ☐ No
- **Teacher / Centre (if applicable):** \_\_\_\_\_



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## 6. HEALTH & WELLBEING (IMPORTANT)

*This information helps us support your wellbeing during the retreat.*

- **Do you have any medical conditions we should be aware of?** ☐ Yes ☐ No
  - If yes, please specify:
  
- **Are you currently taking any medication?** ☐ Yes ☐ No
  - If yes, please specify:
  
- **Do you have any history of mental health conditions?** ☐ Yes ☐ No
  - If yes, please provide brief details:
  
- **Dietary requirements:** ☐ None ☐ Vegetarian ☐ Vegan ☐ Medical / Other: \_\_\_\_\_

## 7. ACCOMMODATION (FOR RESIDENTIAL RETREATS)

- **Accommodation required?** ☐ Yes ☐ No
- **Special needs / mobility considerations:**

## 8. CODE OF CONDUCT & ACKNOWLEDGEMENT

Please read and acknowledge the following:

- I agree to follow the **Eight Precepts** during the retreat.
- I agree to observe **Noble Silence** and comply with retreat guidelines.
- I understand that meditation retreats require discipline and mental resilience.
- I confirm that the information provided is true and complete.

☐ **I have read and agree to the above conditions.**

## 9. DONATION (DĀNA)

Meditation retreats at PSMC are offered freely in the spirit of **Dāna (generosity)**. Participants may make a voluntary donation at the end of the retreat according to their means.



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## 10. SIGNATURE

- **Participant Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please submit this completed form to:**

Panditarama Sydney Meditation Centre (PSMC)

Email: [events@psmc.org.au](mailto:events@psmc.org.au)

*Thank you for your interest in practicing Dhamma with Panditarama Sydney Meditation Centre.*

*PSMC reserves the right to accept or decline applications in the interest of participants' wellbeing and retreat harmony.*