



GROUP RETREAT APPLICATION & REGISTRATION FORM

IMPORTANT APPLICATION NOTES *Please read the following notes carefully*

- a. Once this group meditation retreat is approved, all participants of the group retreat are required to fill up the "Application and Registration Form" and submit them to us together.
- b. Registration is subject to approval. We will confirm your registration within 7 days. Please register as early as possible before your arrival (at least 30 days prior). For cancellation, please inform us 14 days prior to arrival day.
- c. We regret we are unable to guarantee a space for you without a confirmed registration.

1 GROUP MEDITATION RETREAT

Title of Retreat:	
Type of Retreat:	Basic / Tranquility (Samatha) / Insight (Vipassana) / Metta (Loving-Kindness) / Others (please indicate)
Name of Organisation (if applicable):	
Estimated number of participants you expect to bring with you	
Do you need us to provide a teacher? <input type="radio"/> *Yes <input type="radio"/> No (if no, please provide information of the teacher who is leading the group below) <small>(*Instruction is normally provided in English by our Resident Teacher)</small>	
Do you have any dietary requests:	<p>We provide nourishing home-style vegetarian food, cooked using fresh local produce. Breakfast is often served simply, with lunch as the main meal of the day. As Buddhist monastics only observe two meals a day, a light snack and beverages will be served for those who require a third meal in the evening.</p> <p>We do our best to cater to specific individual dietary requirements or medical needs where possible. Any further special meal arrangements must be discussed with our kitchen and programme coordinator to determine whether we can meet your group's needs. Note: All meal arrangements must be finalised at least two weeks in advance. However, please bring your own supplies, supplements and medications as necessary.</p>

2 GROUP RETREAT LEADER PARTICULARS *Please fill in all information. Indicate N.A. if not applicable.*

Name:	First Name:	Middle Initial:
Address:		
Country:	State / Province:	City:
Tel (Handphone) :	Fax No.:	Email:
Country of Residence:	Passport No:	
Language Spoken:	Primary:	Secondary:

3 PROPOSED DATES *Please indicate your date of arrival and departure accordingly.*

Date of Arrival in Sri Lanka:	DD / MM / YYYY	Date of Arrival in Sri Lanka:	DD / MM / YYYY
Date of Arrival in Paramita:	DD / MM / YYYY	Date of Departure from Sri Lanka:	DD / MM / YYYY
Does the group require airport transfer to Paramita? <input type="radio"/> Yes <input type="radio"/> No			

4 BIO OF TEACHER

Name of Teacher:
Please include experiences and credentials that qualify your meditation teacher to facilitate this programme (attach a separate document if necessary).

5 COMMUNICATION PREFERENCE

Would you like us to send the confirmation to you via Email or Fax?	<input type="radio"/> Email <input type="radio"/> Fax
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6 SIGNATURE

It is hereby declared that the information and particulars furnished above are true and correct to the best of my knowledge.

Full Name:

Date: