



TATHAGATA MEDITATION CENTER

1215 Lucretia Ave, San Jose CA 95122 Tel: (408) 294-4536 Web: www.tathagata.org

## Weekend Retreat Registration

I, the undersigned, would like to enroll in the Weekend Vipassana Retreat at Tathagata Meditation Center as follows:

Arrival: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Male: \_\_\_ Female : \_\_\_  
Last First

Address: \_\_\_\_\_  
(Number and street) (City) (State) (Zip Code)

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

Age: 18-19:\_\_\_ 20-30:\_\_\_ 30-40:\_\_\_ 40-50:\_\_\_ 50-60:\_\_\_ 60-70:\_\_\_ 70-80:\_\_\_ Over 80:\_\_\_

Emergency Contact: \_\_\_\_\_

Name Phone Relation

Health Information: \_\_\_ Good health  
\_\_\_ If not good, please state your current condition including disability and mental problem and also your medical need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health insurance company: \_\_\_\_\_

**Meditation Experience:** (1) \_\_\_ Mahasi tradition:  
• Teacher(s): \_\_\_\_\_  
• When: \_\_\_\_\_ How long?: \_\_\_\_\_  
(2) \_\_\_ Others  
(3) \_\_\_ None

Donation Amount (Optional): \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number

I hereby certify that the information provided in this application is accurate to the best of my knowledge. I understand that Tathagata Meditation Center is a non-profit organization and the Weekend Retreat is organized solely for the benefit of meditators like myself. Therefore, I waive Tathagata Meditation Center and its staff from all liabilities while I am attending the Weekend Retreat at this center. In addition, I will fully observe the rules and regulations of Tathagata Meditation Center especially those for the Weekend Retreat. Should I break the rules and regulations, the retreat coordinator(s) could terminate my participation at anytime.

\_\_\_\_\_  
Full Legal name in print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date