



## TECHO VIPASSANA APPLICATION

**"To apply for a course you must read Rule & Registration carefully."**

Location :- Techo Vipassana Kang-Khoi Saraburi

(Only applicable for 21-70 yrs)

To.....

(Only for officer)

Course Date Between.....to.....

New  Alumni

First Name .....Last Name.....Nickname.....

Date of Birth..... Degree..... Occupation.....

Work Place.....Work Contact.....

Marital Status  Single  Married  Divorced  Widow Number of Children.....

Address.....

Province/State.....Postcode.....Email : .....

Home Contact.....Mobile Phone.....

Father's Name.....Mother's Name.....

Emergency Contact Person (Must provide both)

1.....Relationship.....Phone.....

2.....Relationship.....Phone.....

1. Do you have any mental, health or family issue?.....

2. What is your course taking expectation? .....

3. How do you get information about this course? (If be a person, please provide their name and relationship).....

4. What is your goal of practicing Techo Vipassana?.....

5. Have you ever practice meditation before? If so, please describe. ....

Transportation  By your own  Travel back and forth with foundation's van (at some cost).

I have read and agree to all terms and conditions.

Signature.....

(.....)

Date.....