



VIPASSANA MEDITATION INC.

6231 Eureka Springs Rd. Tampa, FL 33610

Tel: (813) 379-8495, website: www.txanlac.ucoz.com

APPLICATION FOR SHORT STAY

Name: _____ # of Vassa: _____ Male ___ Female ___

Year of : _____ , at: _____ ; Teacher: _____
Ordination

Address: _____

Phone: _____ Email: _____

Age: ___ 20-30 ___ 30-40 ___ 40-50 ___ 50-60 ___ Over 60

Emergency Contact: _____
Name Phone Relation

Health Information: Good health: ___ Yes ___ No

If not good, please state your current condition including disability and mental problem:

I hereby certify that the information provided in this application is accurate to the best of my knowledge. And I would like to stay from _____; to _____.

I understand that Vipassana Meditation Center is a non-profit organization and the temple is organized solely for the benefit of monks like myself. Therefore, I waive Vipassana Meditation Center and its staff from all liabilities, any considerable future legal rights. I will fully observe the rules and regulations of Vipassana Meditation Center.

Date _____, ;

_____ Signature