



**HOKKIEN MINDFUL HIKING RETREAT**  
conducted by **Āyasmā Aggacitta**  
念住行山静修营  
奥智达尊者以福建话领导

**11 – 14 Nov 2019**  
**2019年11月11-14日**

**Attach photo here**  
*(Required only if applicant is unknown to Āyasmā Aggacitta)*

**Application Form**  
申请表格

**Important notice:** For those not known to Āyasmā Aggacitta, please fill this form in your own handwriting.\*

重要提示：对于 Ayasma Aggacitta 不认识的申请者，请以自己的字迹亲自填写此表格。

|   |  |   |   |
|---|--|---|---|
| 1. Full Name  | 2. Age   | 3. Gender   | 4. Marital Status                                   |
| 5. Correspondence address   | 6. Telephone numbers<br>Home:<br>Mobile (Whatsapp compatible): |   | 7. Associated spiritual / Religious organization(s) |
| 8. NRIC/Passport No   | 9. Email   | 10. Profession  |   |
| 11. Nationality   | 12. Intention of joining retreat                               |   |   |
| 13. How did you get to know this HMHR2 2019? Through<br>Social Media (E.g. Email, Facebook...) <input type="checkbox"/> Buddhist Organisation Publication Website <input type="checkbox"/><br>Friends or Family Members <input type="checkbox"/> Other <input type="checkbox"/> |  |   |   |
| 14. Do you have any chronic mental or physical illness / disability?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(Please elaborate including medication &amp; dosage)</i>  |  | 15. Do you have any food preferences or allergies?<br>No <input type="checkbox"/> Non-vegetarian <input type="checkbox"/> Vegetarian <input type="checkbox"/><br>Allergy <input type="checkbox"/> <i>(Please elaborate)</i> |   |
| 16. Previous meditation / retreat experiences   |  |   |   |
| Teacher   | Type   | Duration & Year   |   |
| .....   | .....  | .....   |   |
| .....   | .....  | .....   |   |
| .....   | .....  | .....   |   |
| .....   | .....  | .....   |   |
| .....   | .....  | .....   |   |

17. Do you exercise regularly?

No  Yes  (If yes, please elaborate below)

| Type of Exercise                  | Distance | Duration | Terrain | Frequency<br>(times/week) |
|-----------------------------------|----------|----------|---------|---------------------------|
| <input type="checkbox"/> Walking  | .....    | .....    | .....   | .....                     |
| <input type="checkbox"/> Jogging  | .....    | .....    | .....   | .....                     |
| <input type="checkbox"/> Hiking   | .....    | .....    | .....   | .....                     |
| <input type="checkbox"/> Swimming | .....    | .....    | .....   | .....                     |
| <input type="checkbox"/> Other    | .....    | .....    | .....   | .....                     |
| .....                             | .....    | .....    | .....   | .....                     |
| .....                             | .....    | .....    | .....   | .....                     |
| .....                             | .....    | .....    | .....   | .....                     |

18. Next of kin to be contacted in case of emergency

|              |                   |
|--------------|-------------------|
| Name         | Telephone numbers |
| Relationship | Home / Mobile     |
| Address      | Work              |
|              | Email             |

**DECLARATION & UNDERTAKING**

I, the undersigned, hereby declare that the above information is true and I am willing to abide by the meditation instructor's advice and the retreat regulations; otherwise I will leave on my own accord.

I also understand that the organizers and the meditation instructor shall not be obliged to give any reasons for rejecting an application and they shall not be held responsible for any physical or mental injury incurred due to my own negligence during or after attending this retreat.

I undertake to fulfill the required training prior to the retreat. If I withdraw after confirming participation, the fee paid upon successful application will not be refundable, nor will the other incidental fees required of a hiker should I drop out after the retreat has started.

Please check to make sure you have filled up the form **correctly and completely**, then make a clear image of it and send it to

SBSRC c/o Ms Lau  
 28 & 30, 1st Floor,  
 Jln Medan Taiping 4,  
 Medan Taiping,  
 34000 Taiping, Perak  
 OR email to:  
 rc@sasanarakkha.org

Closing date: **11 Oct 2019 or when application is full**

*\*Your application will not be processed if your handwriting is illegible.*

Signature

Date