



**MINDFUL HIKING RETREAT**  
conducted by **Āyasmā Aggacitta**  
念住行山静修营  
奥智达尊者以福建话与英语指导

**23 – 29 Nov 2020**  
2020 年 23 – 29 日 11 月  
**Application Form**  
申请表格

**Attach photo here**  
(Required only if  
applicant is  
unknown to  
Āyasmā Aggacitta)  
请在此贴上照片  
(若奥智达尊者未  
认识您)

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

重要提示：对于奥智达尊者不认识的申请者，请以自己的字迹亲自填写此表格。

1. Full Name 姓名:	2. Age 年龄:	3. Gender 性别: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	4. Marital Status 婚姻状况:
5. Correspondence address: 联络地址:	6. Telephone numbers 电话号码 Home 住家: Mobile 手机:	7. Associated spiritual / Religious organization(s): 参与的宗教信仰团体	
8. NRIC/Passport No 身份证/护照号码	9. Email 电邮	10. Profession 职业	
11. Nationality 国籍	12. Intention of joining retreat 参加静修营的目的		
13. How did you get to know this MHR 2020? 您通过哪个管道获知此 MHR 2020 静修营? Through <input type="checkbox"/> Social Media (E.g. Email, Facebook...) 社交媒体 (例如: 电邮、面子书) <input type="checkbox"/> Buddhist Organisation Publication Website 佛教团体发表网站 <input type="checkbox"/> Friends or Family Members 朋友或亲人 <input type="checkbox"/> Others 其它			
14. Do you have any chronic mental or physical illness / disability? 是否有健康问题或行动不便? <input type="checkbox"/> No <input type="checkbox"/> Yes 是 (Please elaborate 请说明)		15. Preferred choice of food 食物选择: <input type="checkbox"/> Non-vegetarian 荤食 <input type="checkbox"/> Vegetarian 素食	
16. Previous meditation / retreat experiences 禅修或静修经验			
Teacher 导师	Type 形式	Duration & Year 天数&年份	
.....	.....	.....	
.....	.....	.....	

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**17. Do you exercise regularly 你是否经常运动?**

No 无  Yes 有 (If yes, please elaborate below 若是, 请详细说明)

Type of Exercise 运动类型	Distance 距离	Duration 时长	Terrain 地势	Frequency(times/week) 频率 (每周次数)
<input type="checkbox"/> Walking 步行	.....	.....	.....	.....
<input type="checkbox"/> Jogging 跑步	.....	.....	.....	.....
<input type="checkbox"/> Hiking 爬山	.....	.....	.....	.....
<input type="checkbox"/> Swimming 游泳	.....	.....	.....	.....
<input type="checkbox"/> Others 其它:				
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**18. Next of kin to be contacted in case of emergency 紧急状况时联络者**

Name 姓名: Telephone numbers 电话号码

Relationship 关系: Home 住家 / Mobile 手机:

Address 地址: Work 办公室:

**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.

**声明和承诺**

本人签署, 特此声明上述资料属实, 我愿意遵守禅修导师的建议和禅修规定; 否则我会自愿离开。

我亦明白, 主办单位及禅修导师无须提供任何理由而拒绝本人的申请。他们亦不须负责因本人在此静修营期间或结束后所造成的任何身体或精神上的伤害。

我承诺在参加静修营之前将完成所需的培训。

Signature 署名

Date 日期

\_\_\_\_\_

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 Co-ordinator  
28 & 30, 1st Floor,  
Jln Medan Taiping 4,  
Medan Taiping,  
34000 Taping, Perak  
OR email to:  
**rc@sasanarakkha.org**

Closing date 截止日期: **23 Oct 2020 or when application is full**

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