

Phra Ajahn _____
Room _____



**Thailand Vipassana Insight Meditation Center
Wat Phradhatu Sri Chom Tong Woravihara**

◆ Personal Particulars

Full name: _____
Nationality: _____ Date of Birth: _____ Age: _____ years old
Passport Number: _____ Code: _____ Date of Expiry: _____
Type of Visa: _____ Date of Expiry: _____
Purpose of visit to Thailand: _____
Present Address: _____
Education: _____ Occupation: _____
Thai Mobile/ WhatsApp: _____ Email address: _____

◆ Experiences

Experience(s) at Wat Chom Tong: _____
Source of Information about Wat Chom Tong (**please specify**): _____
Experiences on other types of meditation practice: _____
Reason to practice Vipassana Insight Meditation: _____
Arrival Date Departure Date: _____ Total: _____ days

◆ Medical and Health Profile

History of Chronic Physical/ Mental illnesses: _____
History of alcohol or drugs abuses/addictions: _____
Are you currently taking any medication? If so, please state: _____
Drug Allergy: _____
Are you currently taking any alcohol or drugs? _____

◆ In Case of Emergency, please contact:

Name: _____ Relationship: _____ Mobile number: _____

"I hereby certify that the above information is correct and true. I will not hold Wat Phradhatu Sri Chom Tong Woravihara or any of the staff responsible for any mishaps or damages that occur while I'm visiting. I promise to abide by all rules and regulations of the monastery, as well as any guidance offered by a designated monk meditation instructor and/or any relevant reservation office staffs."

Signature: _____ Date Signed: _____