

Paramita International Buddhist Centre

Application and Registration Form

Please print in block letters and fax to: (+94 08) 570732

Family Name	First Name	Middle Initial
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Address			
City	State/Province	Postal Code	Country
Telephone	FAX	Email	

Male	Female	Birth Date	Day	/ Month	/Year
Country of residence:				Passport number:	
Languages spoken:		Primary		Secondary	

Date of arrival in Sri Lanka	Day	/ Month	/Year
Date of arrival at Paramita	Day	/ Month	/Year
Date of departure from Paramita	Day	/ Month	/Year
Date of departure from Sri Lanka	Day	/ Month	/Year

Medical dietary restrictions:	no dairy	no wheat	no eggs	other
Do you have any medical needs or medical conditions that we should be aware of?				

Emergency Contact Information

Family Name	First Name
Telephone	Relationship

To help us fulfill your needs, please answer the following:

How long have you maintained a meditation practice?	Months	Years	
How many group retreats have you attended?	3-9 days	10-14 days	other

Have you practiced individual/personal retreats before?	Yes	No
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What special interests do you have in staying at Paramita?

Personal meditation	Meditation instruction
Buddhist counseling	Buddhist study

We will send confirmation to your fax:	or email:
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Name:	Signature:	Date:
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