

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: _____ Country 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: _____