

Ti-Ratana Community Center
Meditation Program Application

1.0 Program Time Period

From/...../..... to/...../.....

No. of days

2.0 Name Surname

3.0 Address

4.0 Tel. no Land no.

5.0 N.I.C No.

6.0 Date of Birth/...../..... 7.0 Gender ; Male Female

8.0 Occupation 9.0 E.mail

10.0 Have you ever participated a residential program before? Yes No

No. of Days

The relation should inform, In case of emergency

1.0 Name Surname

2.0 Address

3.0 Tel. no Land no.

4.0 Relationship

.....

Signature

.....

Date