



# Dharma Drum Mountain Tallahassee Chan Group

## 4-Day Chan Retreat 《Application Form》

Note:

1. People with the following conditions should not apply: serious condition of high blood pressure, heart condition, insomnia, gastro enteric disease, or if unable to follow the daily routine.
2. Please submit your application no later than: 08/15/2013
3. Once accepted, a notification email will be sent to you prior to the retreat. Please send in the suggested donation (\$100) or whatever amount you can afford prior to the retreat. Please inquire of our scholarship program if you need financial assistance for this retreat.

### ■ Personal Information

photo (optional)	Retreat dates: <b>08/30/2013 to 09/02/2013</b> <b>Check in 08/30/2013 from 5:00pm to 7:00pm</b>	
	Name:	Date of Birth:
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital status: <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> others
Religion: <input type="checkbox"/> no religion <input type="checkbox"/> Buddhism <input type="checkbox"/> others:		
Highest level of education completed	Major/ Subjects of Study:	
	Interests/hobbies:	
Employer: <input type="checkbox"/> Present <input type="checkbox"/> Prior to retirement                      Position:		

### ■ Contact Information

Tel (H):	Tel (O):
Mobile (C):	Fax:
Permanent Address: <input type="checkbox"/> (H) or <input type="checkbox"/> (O)	
Correspondence Address: <input type="checkbox"/> (H) or <input type="checkbox"/> (O)	
E-mail (Please print ):	
Full name of emergency contact person:	Emergency contact tel:

## ■ History of Practice

### 1. The organization you first learned meditation with, place and date:

(i) DDM organisation: Place: Date:  
(ii) Other organization(s): Place: Date:

### 2. Group(s) that you practice with now, if any:

Is it a Buddhist group?  yes  no  describe:

3. Frequency of sitting: times/day; times/week; times/month

### 4. How long do you meditate for each sitting?

5. Method used:  counting the breath  awareness of breath  *vipassana*  silent illumination  
 *huaou*  others; describe:

6. Posture used:  full lotus  half lotus  cross legged  chair  bench  other:

7. Group meditation with DDM in the last 2 years:  weekly group meditation mainly  
1-Day retreat times; 2-Day retreat times; 3-Day retreat times; longer retreat:

### 8. Have you attended 3-Day or longer retreats within the DDM organization?

No  Yes, times. Longest retreat was days. Date:

Retreat teacher:

### 9. Have you attended 3-Day or longer retreats with other organisations?

No  Yes, times. The retreat was days. Date:

Retreat teacher:

### 10. Current teacher, if any:

## ■ Medical Information

**It is extremely important that all information you provide is specific and complete as they will help us determine if your health condition can cope with the lengthy duration of the meditation activities.**

1. Have you ever had back or leg ailments?  No  Yes, please describe:

2. Do you have high or low blood pressure?  No  Yes, please describe:

3. Have you ever had a serious operation?  No  Yes, please describe:

4. Do you have any allergies or dietary restrictions?  No  Yes, please describe:

5. Have you ever had symptoms of unusual headache, dizziness, palpitation, or shortness of breath due to meditation?

<p><b>6. Have you ever been treated for serious emotional or psychological illness?</b>  <input type="checkbox"/> No    <input type="checkbox"/> Yes, please describe:</p>
<p><b>7. Have you ever had any serious infectious diseases?</b>  <input type="checkbox"/> No    <input type="checkbox"/> Yes, please describe:</p>
<p><b>8. Do you need to adhere to specific medical requirements? Are you taking medication?</b>  <input type="checkbox"/> No    <input type="checkbox"/> Yes, please describe:</p>
<p><b>9. Is there any other illness we should know about?</b>  <input type="checkbox"/> No    <input type="checkbox"/> Yes, please describe:</p>
<p><b>10. Are any of the above problems aggravated under stress?</b>  <input type="checkbox"/> No    <input type="checkbox"/> Yes, please describe:</p>

**■ Brief description of yourself (please limit your words within the space provided)**

<p><b>1. What conditions led to you wanting to join the retreat?</b></p>	
<p><b>2. Your purpose and goal for this retreat?</b></p>	
<p><b>3. Please share any experience(s) from practice:</b></p>	

**■ Confirmation:**

<p>1. Answers to each question must be complete and correct; otherwise the application will not be processed.</p> <p>2. During the retreat, noble silence must be observed. Smoking, drugs, alcohol or meat consumption is not permitted. No mobile phones, MP3, MP4 allowed (they will be collected for centralised safe keeping), Other relevant regulations must be observed.</p> <p>3. During the retreat, participants must practice diligently and follow the daily routine. Please do not apply if you have a serious illness or if you're unable to follow the daily routine.</p> <p>4. I agree to relieve TCG DDMBA from all liabilities in the event of any injury or illness incurred during the retreat.</p> <p>5. I filled in this form myself and agree to abide by the above rules    <input type="checkbox"/> (please check)</p>
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Signature:

(Typed signature is fine)

Date: