



Dharma Drum Mountain Buddhist Association Melbourne Chapter

Address: 36 McDowall Street, Mitcham, Vic 3132

Phone: 03 8822 3187/ Mob: 0470 690 911

Email: contact@ddmmelbourne.org.au

Website: <http://www.ddmmelbourne.org.au>

Application form for THREE-DAY MEDITATION RETREAT

Led by Ven. Guo Yuan fashi from DDM Taiwan:

Dates: 9.30am 10 October 2014 to 5pm Sunday 12 October 2014
Venue: 36 McDowall Street, Mitcham, VIC 3132
Fee: \$180 (including vegetarian meals and basic accommodation);
 \$160 for Financial Members
 \$120 for Students and Pensioners **

Closing Date : 30 September 2014
Enquiries : email: contact@ddmmelbourne.org.au; phone: 0470 690 911

This three-day meditation retreat is open to those with some or no experience in meditation. Meditation can be physically and mentally demanding. If you have not done any meditation recently and have any health issues (eg. blood pressure, diabetes, heart condition, insomnia, depression, gastro-enteric disease, emotional or psychological symptoms, etc, you should discuss it with your doctor before applying. Also complete the [medical information form](#) if you have any health issues.

Complete and return this application form to Dharma Drum Mountain Melbourne Chapter (DDMMC) before the closing date (**Note:** We may not be able to accept all applicants due to limited accommodation places. Priority will be given to financial members of DDMMC)

All information provided will be kept confidential. We will not disclose your personal information to a third party without your consent, unless we are required or authorised to do so by law or other regulation.

I. APPLICANT INFORMATION			
Name (Mr/Mrs/Ms):	(Given Name)	(Last Name)	Female <input type="checkbox"/> Male <input type="checkbox"/>
Date of birth (dd/mm/yyyy):	Email address :		
Current address :		Postcode	
Telephone : ()		Mobile Phone :	
Are you on our mailing list? No <input type="checkbox"/> Yes <input type="checkbox"/> If no, do you want to be on our mailing list? No <input type="checkbox"/> Yes <input type="checkbox"/>			
The language used will be Chinese but we will try to pair you with an interpreter if required.			
Interpreter required :		English <input type="checkbox"/>	Cantonese <input type="checkbox"/>

II. EMERGENCY CONTACT	
Full Name :	Relationship to you :
Phone No: ()	Mobile No:
III. MEDITATION EXPERIENCE	
Have you attended a DDM or other meditation classes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> DDM <input type="checkbox"/> Other
If yes, please provide details of your meditation experience, such as, the method, how long you have been practicing meditation, and the regularity?	
IV. MEDICAL INFORMATION	
Please attach the medical information form if it applicable.	
Participants are responsible for their own health issues. DDMMC is not responsible for any health issues during the retreat, and resulting from participation in the retreat.	
Provide the details below of special requirements, such as, diet or a chair for sitting meditation, etc. We will try to accommodate your needs but we may not always be able to do so.	

To ensure that the retreat runs smoothly and is a rewarding experience, we ask that you note and observe the following conditions:

1. During the retreat you are expected to observe noble silence and follow the daily schedule (eg. go to bed at 10 pm and wake up at 5 am). To maximize the benefits from the retreat, please avoid unnecessary talking, and do not use mobile phones and emails during the retreat. All mobile phones must be turned off.
2. DDMMC would like to provide a clean environment and you are required to assist in keeping the place clean and tidy.
3. There is complete segregation of men and women. Couples should not contact each other in any way during the retreat. The same applies to friends, members of the same family, etc.
4. You are asked to ensure that your behaviour and conduct during the retreat will not cause any nuisance, damage or injury to other participants.
5. DDMMC will not be responsible for damage or loss of any personal belongings. Please leave your valuables at home. Participants must safeguard their own personal belongings.
6. DDMMC and its personnel will not be responsible for the behaviour or conduct of participants of the retreat, nor will they be held liable for any injuries, damages or claims of any kind.

Declaration and Waiver of Liability :

1. I have read and agreed to abide by the above conditions.
2. All the information I have provided is correct and complete.
3. I am responsible for my own health issues, including, but not limited to, diet, medication, allergies, mental or physical illness, etc, during the retreat, and resulting from participation in the retreat.
4. I also relieve DDMMC and the organisers of the retreat from all liabilities in the event of any loss, damages, injury or illness incurred while visiting DDMMC and participating in the retreat.

Signature of applicant: _____ Date: _____

Payments may be made by:

<p>Cheque or money order made payable to :</p> <p><i>Dharma Drum Mountain Buddhist Association</i></p> <p>Post to: Dharma Drum Mountain Melbourne Chapter 36 McDowall Street Mitcham, VIC 3132</p>	<p>OR: Direct Deposit Payment to :</p> <p><i>Dharma Drum Mountain Buddhist Association</i> National Australia Bank BSB Number: 083 153 Account Number: 56 248 8300</p>
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Please ensure that your payment is clearly identifiable by including your **name** and the **purpose** of the payment (e.g. October retreat) on the back of the cheque or money order, Or in the case of Direct Deposit Payment include the details (ie. name and purpose) in the description.