



# HƯƠNG ĐẠO VIPASSANA BHĀVANĀ CENTER INC.

## CHÙA HƯƠNG ĐẠO

4717 E. Rosedale St., Fort Worth, TX 76105

Tel: (817)710-6885 Fax: (817)531-1677

Website: <http://www.chuahuongdao.org>

## VIPASSANA RETREAT 2019 WITH MEDITATION MASTER KHIPPAPAÑÑO KIM TRIỆU REGISTRATION APPLICATION

I would like to enroll in the Special Vipassana Retreat under the guidance of Meditation Master KHIPPAPAÑÑO KIM TRIỆU from \_\_\_\_\_ to \_\_\_\_\_ at Huong Dao Temple.

Name (Last & First): \_\_\_\_\_ Male:  Female:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: 20-30:  30-40:  40-50:  50-60:  60-70:  70-80:  Over 80:

Previous Vipassana experience with Meditation Master Kim Triệu: Yes:  First Time: Yes:

Emergency Contact:

_____	_____	_____
Name	Phone	Relationship

Health Information:  Good Health  
 If not good, please state your current medical condition including disability and mental health problem: \_\_\_\_\_

Have Insurance? If yes, what company: \_\_\_\_\_

Retreat donation to cover utility expenses (\$10 a day):

Amount: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ (Check number: \_\_\_\_\_)

I hereby certify that the information provided in this application is accurate to the best of my knowledge. I understand that Huong Dao Temple is a non-profit organization and the retreat is organized solely for the benefit of meditators like myself. Therefore, I waive Huong Dao Temple and its staff from all liabilities while I am staying at the center during the Special Retreat. To maintain the minimum cost of the retreat, I agree to perform the tasks assigned to me during the retreat. In addition, I will fully adhere to the rules and regulations of the Special Retreat at Huong Dao Temple.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date