



**Application for the Special Sixty Day Retreat  
at the Panditarama Forest Meditation Center**

*Mail to:*  
Saddhamma Foundation  
1685 Suncrest Ct Walnut Creek, CA 94597

Name (Exactly as it appears on your passport) \_\_\_\_\_

Sex:     Female             Male

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport No. \_\_\_\_\_ Country on Passport \_\_\_\_\_

Occupation: \_\_\_\_\_

***Emergency Contact:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

If you have attended meditation retreats in the Theravadan tradition please list them below:

Date	Teacher	Location	Length of retreat

Please list any other meditation traditions you have practiced in the last 5 years.

*Please be thorough and honest in your answers to the questions below so that the Sayadaws can most skillfully guide your practice.*

1. Do you have any history of physical illness, limitations or special needs, which might affect your stay in Burma, or an illness that requires constant treatment? If so, please be specific.

2. Are you currently taking any drugs or medications? Please list each medication and the condition being treated.
  
3. Have you ever been diagnosed with a psychological condition? Please describe the diagnosis, treatment given, (including medications), and the dates.
  
4. Have you ever experienced or been treated for moderate or severe depression or a nervous breakdown? If yes, please list the date(s). Has the condition been resolved ?
  
5. Have you ever attempted to take your life?  
 Yes  No\_\_\_\_\_ If yes, please describe the circumstances and dates.
  
6. What is your purpose in wanting to participate in this retreat? State your purpose clearly.

PLEASE READ CAREFULLY AND SIGN BELOW:

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that, if accepted, omissions or false statements on this application shall be considered sufficient cause for dismissal. I will not hold Panditarama responsible for any liability during my travel or stay for this retreat.

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Signature of applicant

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Date signed