

Dharma Yatra Booking Form 2008
August 11-21, 2008

Name.....Sex M / F Age.....

Address(e).....
.....

Email: (Please write clearly).....

TEL no..... Emergency tel. no (relative/close friend).....

Are you bringing any children under 16yrs of age?: Yes [] No []
If Yes: How many [] Please write: Name, M/F, age and languages(s) spoken

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Registration fee has been paid by: Cheque [] Credit Card / PayPal [] Bank Transfer []

Please note that it will **not** be possible to arrive after the 11th or to leave before the 21st.

Mention your previous meditation experience, dates, teachers, etc
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All of the following information will be kept confidential.
Are you currently using any medication? Please specify condition and treatment.
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.....

Have you ever suffered from psychological illness, depression, anxiety, or had suicidal tendencies? Please specify dates and treatment
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Are there any factors you would like to communicate to us concerning your current personal situation?
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I undertake to follow the guidelines of Dharma Yatra, and I will take full responsibility for myself and my actions during participation in any activities of the Yatra association.

SignatureDate.....

Please complete this form and return it to:

Yatra
c/o Muriel Bansard
3 Place Saint Roch
61110 Rémalard
Tel: +33 (0)2 33 25 54 76

info@dharmayatra.org

www.dharmayatra.org