

Retreat Application Form

Nilambe Buddhist Meditation Centre
Nilambe

Please fill in all fields

First Name																				
Last Name																				
Passport No																				
Visa Expiry date																				

Age	
Gender (Male/Female)	

Email	
Country	
Permanent Address	
Address in Sri Lanka (Current or Proposed)	
Occupation	

Do you have any physical or psychological health issues?	
Which dates of retreat you like to participate?	
Have you meditate before?	
Have you visited Nilambe before?	

Emergency Contact

Name:	
Phone:	
Email:	