Returning Home

A Heartfulness-Based Wellbeing Retreat

Himalayan Ashram, Satkhol, District Nainital, Uttarakhand, India

APPLICATION FORM

Before applying you should know:

1. Attending the retreat requires a certain degree of openness, curiosity and determination. You need to be willing to attend group sessions.
2. The retreat is in English language.
3. We will ask you to limit using your mobiles, computers, and electronic devices throughout the retreat.
4. Using tobacco and any other substances including alcohol are not permitted in the retreat centre throughout the retreat.
5. The retreat is taking place in high altitude (about 7000ft above sea level) and in hilly terrain. It will also involve a small amount of walking. You will need to be below age of 65, healthy enough (physically and mentally) to attend the workshop. Please be detailed about your health in the application form.
6. Please do not take up the travel in case you fall sick right before the retreat for any reason (fever, cold, injuries, etc) that might endanger your health.
7. Simple, tasteful, and nutritious food will be provided at the retreat. Please let us know if you have any special dietary requirements in the application form.

By filling out this application, I declare that I have read and agree with all the commitments mentioned above

**APPLICATION FORM**

Chose the retreat that you are applying for then fill the rest in capital letter.

Send it back to [retreats@heartfulness.org](mailto:retreats@heartfulness.org" \t "_blank)

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| **Retreat dates** | **Sep. 6 -10, 2017** |  | **Sep. 18 - 24, 2017** |  |
| First Name |  | | | |
| Family Name |  | | | |
| Year of Birth |  | | | |
| Gender |  | | | |
| Occupation |  | | | |
| Address |  | | | |
| Mobile Tel. |  | | | |
| Email |  | | | |

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| Please list your reasons for wanting to participate in this retreat. |  |
| What you expect to take away from this retreat? |  |
| Have you been exposed to mediation before? Which system and for how long? |  |
| How often do you practice? |  |
| Have you attended any silent retreat? Please write place, dates and length of your retreats. |  |

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| Mental & Physical Health  This retreat is being held in a remote place away from health care services, and in high altitude. You are not advised to attend in case of ongoing health issues. | |
| Do have any history of chronic mental or physical health issue? Please explain in detail. |  |
| Are you currently suffering from emotional or physical problems? |  |
| Do you currently take medication for any health problems? Please explain in detail with names of your medications.  Please ensure that you bring your prescription along with sufficient stock of all medicines. |  |
| Do you have any special needs during your stay? |  |
| Do you have any specific allergies (food or otherwise)? |  |
| Do you have any special dietary requirements? |  |
| Emergency Contact | |
| Who do we contact in case of emergency?  Please provide name and contact information. |  |

Thank you for your interest in the Meditation-Based WellBeing Retreats. We will get back to you as soon as possible.