APPLICATION FOR ATTENDANCE OF BRIDGET ROLENS RETREAT AT MINDFUL HEART BUDDHA SANGHA MARCH 29-31. 2019

Vipassana Retreats are of the Theravada tradition. Forest monks of Thailand and Sri Lanka spent time alone watching the mind until the mind became quiet and until insight into the true nature of reality arose. This is the foundation of current retreats. Noble silence is maintained during the length of the retreat. In support of this, all personal obligations should be taken care of prior to arrival so that communication with the outside world can be kept at a minimum. We ask you to refrain from using telephones, cell phones, computers and sending or receiving email or text messages. The majority of time is devoted to sitting and walking meditation. There will be a daily dharma talk. We ask that you abide by the five traditional Buddhist precepts for lay practitioners while at the retreat. They are:

- 1. I undertake the training to refrain from harming living creatures. I undertake the training to practice compassionate action.
- 2. I undertake the training to refrain from taking that which is not given. I undertake the training to practice contentment.
- 3. I undertake the training to refrain from sexual activity. I undertake the training to practice mindfulness in all my relationships.
- 4. I undertake the training to refrain from harmful speech. I undertake the training to practice noble silence.
- 5. I undertake the training to refrain from the use of intoxicants. I undertake the training to care for my mind and body.

Please fill out the questions and information below and return this Application with your payment of \$40 by March 1, 2019 to:

Mindful Heart Buddha Sangha, Bridget Rolens Retreat, 600 N. Weinbach Ave., Suite 220, Evansville, Indiana 47711

If you have a home Sangha, please list its name, city and state:

Please list the names of meditation teachers with whom you have studied:	
Have you successfully spent extended time meditating before?	
What motivated you to apply to attend this retreat?	
Do you think you will be unable to complete this retreat for any physical, emotional or psychological reason?	
Please list all medication(s) you take:	
Please list a person's name and phone numbers whom we may contact in the case of an emergency:	
If you have a need for meditation cushions or a bench, please list cushions or bench or both below	
Signature	
Printed Name	
Email address	
Address	
Telephone	
Date	