

**Date:**

**Application form for Vasant Swaha's retreat**

**Name:**

**Street:**

**City:**

**State/Province:**

**ZIP Code:**

**Phone:**

**Mobile:**

**e-mail:**

**Passport or ID number:**

**Date of Birth:**

**Contact person in case of emergency (including telephone number, e-mail address):**

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1- Do you have any experience with meditation? If yes, what?

2- How did you get to know about the retreat and Swaha? If it was through a person, who was it?

3- Have you been to Satsang before? If yes, where? And with whom?

4- Have you participated in any therapy groups? If yes, which ones?

5- Do you have any allergy or any contagious disease?

6- Do you have any health issues? Are you or have been under psychiatric treatment? If yes, for how long and why?

7- Do you take any prescription drugs or any other drugs? If yes, please specify.

8- What are you doing or working with now?

9- What is most important for you in your life? Mention one or several things.

10- Mention something that has been very important in your life.

11- Are you willing to look at yourself in this retreat?

12- What do you seek when joining Vasant Swaha's retreat? (write at least 5 lines).

**Thank you!**



**Mystic Beach Friends**