



Dzogchen Retreat

Application Form - 2012

Thank you for taking an interest in the teachings of His Eminence the 7th Dzogchen Rinpoche, Jigme Losel Wangpo. Dzogchen Rinpoche is the holder of the 400-year-old lineage of Dzogchen and due to the precious nature of these teachings, it is important for Rinpoche to have a clear view about your spiritual history. Please complete all sections of this application form and submit it to the Retreat Coordinator for processing at dzogchenretreat@shenpenamerica.org

I would like to apply for the Three-Day Dzogchen Retreat, NY, from Thurs 29th March to Sun 1st April

Personal Details – Please write all details clearly in capitals.

First Name: _____ Last Name: _____

Occupation: _____ Date of Birth: ____/____/____ Age: ____ Sex: M F

Address: _____

Suburb / Town: _____

State: _____ Post / Zip code: _____

Country: _____

Home Telephone: _____ Mobile: _____

E-mail: _____

If this is your first
Dzogchen Retreat with
H.E. Dzogchen
Rinpoche, please affix
a passport
size photo here.

Emergency Contact

Name: _____ Relationship: _____

Home Telephone: _____ Mobile Phone: _____

Spiritual Details

Do you follow any spiritual tradition or lineage? If so, since when?

Tradition: _____ Year: _____

Who is your root (main) teacher? _____

Are you presently doing any spiritual practice? If so, which? _____



Dzogchen Retreat

When did you first connect to H.E. Dzogchen Rinpoche and how or through whom did you make the connection?

How did you hear about this retreat and why would you like to attend?

Other Details

The following information is helpful for the Retreat Coordinators to know in case of a medical situation:

Do you have any health conditions that might come up during your participation?

1. Allergies? Yes/No

If yes, please specify: _____

2. Cardiovascular/cardiac condition? Yes/No

If yes, please specify: _____

3. Respiratory condition? Yes/No

If yes, please specify: _____

4. Psychiatric or neurological illness? Yes/No

If yes, please specify: _____

5. Other past or current illnesses? Yes/No

If yes, please specify: _____

Do you have any special needs that you would like us to know about?

Declaration:

All information given by you on this application form is regarded as strictly private and confidential within Gyalwa Dzogchenpa and will not be distributed to any other persons or organisations.

We advise that you take out medical and any other relevant insurance for the duration of the retreat.

Any medication prescribed by your doctor should be continued as prescribed throughout the retreat.

Applicants with a past history of psychiatric illness or who are receiving psychiatric treatment at present are required to consult their psychiatrist prior to applying for the retreat.

The retreat organisers cannot accept responsibility for personal accidents, injuries, illnesses, exacerbation of existing medical conditions or loss/damage to your personal property during these events.

I have understood the above and confirm that all information provided on this form is true and correct.

Full Name: _____

Signature: _____

Date (dd/mm/yy): ____/____/____

Please tick the box if you would like to be on the Gyalwa Dzogchenpa mailing list.
