

AMITABHA BUDDHIST RETREAT CENTRE

160 Greenwood Creek Road  
P.O. Box 216, Nanango Qld. 4615  
Tel: 07 – 4171 0421 Fax: 07 – 4171 0413  
Email: abrc.information(at)gmail(dot)com

Retreat Registration Form

Retreat dates:    /    /    to    /    /		
Name: _____	Gender: M F	Date of birth:    /    /
Postal address: _____ _____		
Tel: _____	Fax: _____	
Mobile: _____	Email: _____	
Reference: Name: _____ Tel: _____ Address: _____ Relationship: _____		
Arrival day and time: _____ Departure day and time: _____ I desire accommodation: Friday night _____ Saturday night _____ Sunday night _____		
During retreats, participants are assigned to help in the upkeep of the centre. Please check which of the areas, you would prefer to volunteer for. Garden _____ Building maintenance _____ Kitchen _____ Housekeeping _____		
Health condition: Please list any physical disabilities, medication, or special considerations: _____ _____		
In case of emergency, please notify: Name: _____ Tel: _____ Mobile phone: _____ Relationship: _____ If you become ill and require medical assistance, we will try to see that you receive it. However, all resultant expenses will be your responsibility.		
I hereby declare that all the information provided herein is correct and complete, and shall bear the responsibility for this information. I also bear complete responsibility for myself while on the Amitabha Buddhist Retreat Centre grounds and participating in retreat activities, and waive all rights to seek redress in event of accident, etc. Signature _____ Date _____		

For office use.			
President _____	Date _____	Centre Manager _____	Date _____