

Nan Hua Temple Seven-Day Meditation Retreat 2015

1. Objectives
- Promoting the importance of mind purification and benefits of practicing Ch'an.
 - Creating an opportunity for practitioner to learn Meditation based on Humanistic Buddhism.
 - Providing conditions to initiate Bodhi Mind and carry out the Bodhisattva Path.
2. Date
Monday 27th April to Sunday 3rd May 2015
Check-in: 16h00~16h30, Monday 27th April 2015.
3. Venue
Nan Hua Temple, Bronkhorstspuit
4. Pre-requisites
1. Recognize Buddhist's teaching and practices.
 2. Physically and mentally fit and no unhealthy habits.
 3. Able to abide by monastery's rules and rules within the meditation hall.
5. Age
18 to 65 years old
6. Fee
1. Payable when check-in
 - ①R 700 for 7 Days Retreat
 - ②R 500 for 5 Days Retreat
 - ③R 300 for 3 Days Retreat
 2. Dress Code:
 - ①Meditation suits (grey), or you may borrow one from the Temple
 - ②Monastic sandals or casual shoes
7. Application
1. Application opens today until 19th April 2015
 2. Application Procedures:
 - Complete the application form attached
 - Sign at the vows area
 - Post or fax to Nan Hua Temple on (013) 931 0013
 3. **One may choose to participate three or five days retreat provided he/ she join in from the first day of the retreat**
8. Contact
Nan Hua Temple – Seven-Day Meditation Retreat Organizing Office
27 Nan Hua Road, Bronkforstspuit, 1020
Tel: (013) 931 0009, Fax: (013) 931 0013 Email: info@nanhua.co.za



Nan Hua Temple Seven-Day Meditation Retreat 2015

Application Form

Full Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	yyyy mm dd
Tel no.		Email			
Meditation Experience	<input type="checkbox"/> First Time for 7-Day Retreat <input type="checkbox"/> Regular Meditation <input type="checkbox"/> Number of 7-Day Ch'an Retreat participated				
Vows	During the retreat: 1. I will abide by the rules and precepts as set by the Buddha. 2. I will adhere to the rules as set out for the 7-Day Ch'an Retreat and accept the instructor's guidance and teaching. <p style="text-align: center;">Signature:</p>				
Health Conditions	Please mark where applicable: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetics <input type="checkbox"/> Asthma <input type="checkbox"/> Other health conditions			High:	Weight:
Days of Retreat	<input type="checkbox"/> _____ Days <input type="checkbox"/> 7 Days	Application Fee	<input type="checkbox"/> Paid <input type="checkbox"/> Payable		

Date of Application:

Official: