

Application For The Lay Monastic Paths of Natural Insight©

Please fill out this form and return it to us as soon as possible.

Date _____

Name _____

Male ___ Female ___ Date of Birth _____

Address _____

City, State, Zip _____

Phone(s) _____ E-mail Address _____

Background

Marital Status: _____ Children? _____

Place of employment: _____ Phone: _____

Address: _____

Position: _____

Retired? Yes No

Schooling/Degrees: _____

Hobbies or avocations: _____

We wish to respect all religious practice. Do you have a practice?

If yes, what kind of practice do you do?

Have you done retreats? If yes, where?

What was your experience? (Use separate sheet if necessary.)

How did you hear about The Lay Monastic Paths of Natural Insight? _____

Have you ever done a program similar to this?

If yes, what was your experience? (Use separate sheet if necessary.)

What do you expect from the The Lay Monastic Paths of Natural Insight?

(Use separate sheet if necessary.)

Please describe how your current life situation will permit you the time to realistically support a commitment to this program. (Use a separate sheet if necessary.)

Please provide a thoughtfully written explanation of your motivation for working with Ms. Dantes in the Lay Monastic Paths of Natural Insight. (Use a separate sheet if necessary.)

Do you have any current health issues or physical disabilities?

(For a long-term commitment of this nature, it is vitally important that you disclose any physical or mental difficulties. We will need a physical report from your doctor before final acceptance of your application.)

References. Include three (3) references with your application.
(Please include letters of recommendation from prior teachers if possible.)

In the case of an emergency, who could we contact? (Please give name, phone, address, e-mail)

I would like to come for the **Introductory Retreat**. Below are three possible weekends I could come:

Possible Dates: 1 _____ 2 _____

If my application is approved, I could begin the The Lay Monastic Paths of Natural Insight Program on _____(date).

If you have questions or concerns, please include them here:

Please fill out this application on both sides and mail to:

Center for Holistic Living
P.O. Box 368
Grover Beach, CA 93483

Please don't hesitate to call if you have any questions:

Phone: 805-474-0555 Fax: 805-343-6705
web site: www.centerforholisticliving.org
e-mail: office@centerforholisticliving.org