

Application For The Paths of Natural Insight Program

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: _____

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? No Yes -Where?

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

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

Have you ever done a program similar to the The Paths of Natural Insight?

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

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

Which of the Commitments from the The Paths of Natural Insight brochure have you chosen?

What days are the best for you? Please provide alternate days as well.

Have you chosen tentative dates for your retreats? If so, please provide those dates.

Do you have any current health issues or physical disabilities?

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

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