Application to Receive the Five Mindfulness Trainings

(Please print clearly)

First Name _____

Last Name _____

Date of Birth (mm/dd/yy) _____

Which of the Trainings would you like to receive?

(You can choose all of them or particular ones. You are encouraged to take all five).

☐ All Five ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth

Would you like to receive a Dharma Name to encourage you in the practice? ☐ Yes ☐ No

Are you renewing your commitment to the trainings? ☐ Yes ☐ No

Do you already have a Dharma Name? ☐ Yes ☐ No

If Yes, what's your given Dharma Name? _____

Here are my aspiration and commitments (continue on back if needed):

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