## Application to Receive the Five Mindfulness Trainings (Please print clearly)

Name:	Phone:
Address:	
City, State, Zip:	
Birth date (d/m/y):	Gender:
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	o encourage you in the practice?  Yes No
Here are my aspiration and commitments (continue on back if needed):	
Please send completed form to deerpark@dpmail.net	
For office use only	
Application received by whom?	Dharma name given:
Date of Transmission (d/m/y):	Certificate handed / sent (d/m/y):
By whom? In name of :	By whom? Other information:
Location of Transmission:	-