

London Zen Centre – Sesshin Application

PERSONAL INFORMATION

First name Last name

Gender M or F Birth date mm/dd/yy

Street address

City

State/Province ZIP/Postal code Country

Home phone Work phone

Email address

MEDITATION EXPERIENCE

Experience with meditation is required.

1) How long have you been practicing meditation?

2) What type of meditation do you practice? e.g. Zen, Tibetan, *vipassana*, TM, self-taught, etc.

3) How often do you practice? e.g. once a day, three times a week, etc.

4) How many sesshins (or simliar Buddhist meditation retreats) have you participated in?

- none 1 2–4 5+

SIGNATURE

Typed name in this box is applicant's signature

Signature X Date