

Five Mountain Zen Order Lotus Heart Templestay Application

Surname				Given Name			
Birth Date				Dharma Name			
Place of Birth			Single/Married/Other		Male / Female		
Address							
City				State		Zip	
Tel				Mobile			
E-mail				Tel 2			
Education (highest)				Occupation			
Program Start Date			Program Finish Date			Number of days	
Health	Do you have any health related issues, mental illness or food allergies? Yes / No (If Yes, please describe below and list any long-term medications you are using)						
Emergency Contact							
Name			Relationship		Tel		
Mobile			Address				

	Name of Zen Center or Temple	Teacher Name
Are you a current member of a FMZO center or temple? Yes /No		
What interests you most about joining Templestay?		

Declaration

I certify that all of the above statements are **true and complete** to the best of my knowledge.

Signature: _____ Date: _____

Important: This application will be received and approved by the Guiding Teacher before the applicant is admitted to any retreat program. The same applies to former retreat participants.

Official Use Only:

Guiding Teacher	Paid Deposit	Note
-----------------	--------------	------