



Vipassana Meditation Center

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(This page to be filled out by student)

Application for Children's Course

(for ages 8 – 12 years)

Course Dates: From _____ to _____ Location: _____

Student's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Boy: ____ Girl: ____ Age: ____ Birthdate: (month/day/year): _____ School Grade: _____

Parent/Guardian Name: _____ Telephone: _____

Do you speak English well? _____

Have you been to a Children's Course before? Yes No How Many? _____

If yes, where and when was your last one? _____

Do you want to learn to meditate? Yes No

Why? _____

Do you ever meditate at home? _____ Who told you about this course? _____

Do you want to come to this course? Yes No

Why are you coming to this course? _____

Please write a little bit about yourself and what you like to do:

Have you read:

the Sample Timetable? Yes No

the Code of Conduct? Yes No

Do you agree to try to follow the Code of Conduct while you are at the meditation course?

Yes No

Student's signature: _____ Date: _____