



Vipassana Meditation Center

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Teenagers' Course – Student Application Form

Course Dates: From _____ to _____

Name: First (Given)	Last (Family)	Phone: Home () –
		Fax () –
Street Address/P.O. Box		Age: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/>
		Date of Birth: Yr _____/Mo _____/Day _____
City	State/Province	Zip/Postal Code
		Grade
E-mail Address:		

Parent/Guardian name(s) _____

Has your parent/guardian taken a Vipassana meditation course? Yes No

How did you find out about this course? _____

Have you attended a children's course or a teenagers' course before? Yes How Many? ____ No

If yes: when and where? _____

Do you ever meditate at home? Yes No

Do you want to come to this teenagers' course? Yes No

Why do you want to come to this course?

Please write a bit about yourself – what you like to do, school, your family life, challenging experiences, etc.

Have you read: The Code of Conduct? Yes No

The Sample Timetable? Yes No

Do you understand that this course is more serious than a children's course and are you willing to follow the rules and timetable? Yes No

Student's signature _____ Date _____