

**Crestone Mountain Zen Center
Practice Study Month 2010
Application**

First name: _____ Middle Initial: ____ Last name: _____

Dharma name (if any): _____ Birth Date: _____

Home address:

Street/P.O.Box: _____

City, State, Zip code: _____

Phone: _____ Fax: _____

Email: _____

I would like to apply for the Practice Study Month (October 10 – November 11, 2010) on “Our Lineage: Dongshan and Suzuki Roshi” led by Koyo Daniel Welch Roshi and Zenki Christian Dillo including the Monastic Seminar (Dongshan’s “Always Close”) led by Zentatsu Baker Roshi (October 19-24, 2010).

The Practice Study Month fee of \$1,500 is due upon approval of this application. It is customary to make an additional teaching donation.

Please answer the following questions on a separate sheet of paper:

1. What motivates you to participate in the Practice Study Month?
2. Do you have any health or dietary considerations we should be aware of? (Food at CMZC is vegetarian, but includes dairy and eggs). Are you taking any medications? Please be advised that the nearest pharmacy is 60 miles away.
3. Do you have any medical conditions that require ongoing medical treatment?
If you have had psychological problems in the past that have required professional treatment, we also need to be informed.

In case of an emergency, who should we contact?

Street/P.O.Box: _____

City, State, Zip code: _____

Phone: _____ Fax: _____

Email: _____

I confirm that the above stated information is correct.

Date:

Signature: