



Vipassana Meditation Course

Application for One-Day Old Student Course

One-day courses are for old students who have taken at least one 10-day course with Mr. S.N. Goenka or his assistant teachers.

Course Date: _____

Name: First (Given)	Last (Family)	Phone: Home () - Work () -
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 Country
Occupation		
E-mail Address: _____		

	Date	Location	Teacher(s)
First Course	_____	_____	_____
Most Recent Full Course(Sat)	_____	_____	_____
Total Number of 10-Day Courses:	Sat Full-time _____	Served Full-time _____	
Other Courses Sat (specify): _____			
Other Courses Served (specify): _____			
1. Have you practiced any other meditation techniques (including other types of Vipassana), therapies or healing techniques since your last course with S.N. Goenka or his assistant teachers? No <input type="checkbox"/> Yes <input type="checkbox"/>			
a. If yes, please give details.			
b. Do you teach or practice on others? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please give details.			
2. Have you maintained your practice of Vipassana meditation since your last course? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Please give details (how much time daily, etc.).			
3. Check here if you can come early to help set-up if needed. <input type="checkbox"/>			
4. Check here if you would be willing to serve this course should the need arise. <input type="checkbox"/>			
5. Check here if you are driving and willing to be contacted by other students seeking a ride to the course: <input type="checkbox"/>			

I acknowledge that I have carefully read and understood the booklet *Vipassana Meditation, Introduction to the Technique and Code of Discipline for Meditation Courses*. I agree to stay on the course site and to abide by all the rules and regulations for the duration of the course. I realize that a Vipassana meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true to the best of my knowledge.

Signature	Date
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