

*The Five Mindfulness Trainings Application Form*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Which of the Trainings would you like to receive? (You are encouraged to take all five but can select particular ones if you prefer).

All Five  First  Second  Third  Fourth  Fifth

Would you like to receive a Dharma Name?  Yes  No

Please share your aspirations and commitments (continue on back if needed). This will help in choosing your Dharma name and will help you look deeply and gain more clarity about why you want to receive the trainings.

Please submit this application to: Barbara Casey, 4332 Borgen Blvd. #9, Gig Harbor, WA 98332.

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Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Transmission date: \_\_\_\_\_ By: \_\_\_\_\_

In Name of: \_\_\_\_\_ Location: \_\_\_\_\_

Dharma name: \_\_\_\_\_

Certificate handed / sent (d/m/y): \_\_\_\_\_ By: \_\_\_\_\_