



APPLICATION FOR ZEN RETREAT

Date:

Name:

Phone Number:

Email:

DOB:

Emergency Contact Name & Phone Number:

1. For which dates are you applying?
2. Do you have any experience in meditation or retreats? Please describe.
3. Have you practiced meditation at the Detroit Zen Center before? Please describe.
4. Zen Meditation Retreats require physical and mental exertion. Do you have any ailments, physical or mental? Please let us know if you are in the care of a physician, and for what condition. Please describe any medications you will need to take during the retreat and for what purpose.
5. Zen Retreats are mostly silent, and all participants are following a schedule together. There is limited private time & space. Do you anticipate this being an issue for you?

6. During Zen Retreats we have work periods called 'Ilyeok', where we work mindfully and quietly. Do you have any particular skills or hobbies that you would like to let us know about?

7. Is there anything you would like to ask or share, in regard to Zen practice or Buddhism?