



Vipassana Association of South Africa Trust

Vipassana Meditation as taught by S N Goenka in the tradition of Sayagyi U Ba Khin

Application Form for Children's Course (ages 8 to 12)

Course Location: _____ Course Dates: from _____ to _____

Full Name:		Boy	Girl
Address:		Phone:	
Age:	Grade:	School:	
Name of Parent or Guardian:		Relation to child:	
Email address:			
Who or what inspired you to take this course?			
What do you hope to achieve by doing this course?			
Do you have any health problems or other difficulties? If yes, please explain:			
Have you read the Sample Timetable and Code of Conduct?		Yes	No
Would you like to participate on this meditation course?		Yes	No
Do you agree to try to follow the Code of Conduct while you are at the meditation course		Yes	No
Please write a few lines about yourself:			
Old Students Only:			
When and where did you sit your first course?			
How many courses have you attended?			
How often do you practice Anapana?			
What changes do you see in yourself?			
Signature:		Date	

Dhamma Pataka Meditation Centre

PO Box 1771 • Worcester • 6849 • Western Cape • South Africa

Phone: +27 (0) 23 347 5446 • Fax: +27 (0) 23 347 5411 • Email: info@pataka.dhamma.org

International website www.dhamma.org • South African website: www.pataka.dhamma.org