

Meditation Teacher Training Program Application

Location: The Expanding Light Ananda Yoga and Meditation Retreat

Please complete this form and mail, email or fax or it to the address above. All applications are kept confidential. For further questions or for reservations, call Savitri Simpson at 800-346-5350 or 530-478-7518 or email savitri@ananda.org. Once your application is received and reviewed, you will be contacted as soon as possible, as to your acceptance into the program.

Name _____

(Name you prefer to be called, if different) _____

Street address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____

E-mail _____

Background Information

Please answer the following questions as briefly or as in depth as you prefer:

1. Have you ever visited the Expanding Light Retreat at Ananda Village? If so how often, when, and for how long? Have you ever visited another of Ananda's branch communities, centers, or meditation groups?

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D) Describe approximately how often and for how long you meditate each day.

E) Please describe the quality of your meditation practices?

10) Please share a little about yourself (occupation, family, interests, hobbies, or leisure time activities). Add any information or concerns you feel to share, especially as related to this program.

Additional Information

1. How did you find out about this program?

2. Date of Program you would like to attend: _____

3. Accommodations preference

- | | | |
|--|---|--|
| <input type="checkbox"/> Standard Shared | <input type="checkbox"/> Standard Private | <input type="checkbox"/> Your own tent (April - October) |
| <input type="checkbox"/> Deluxe Shared | <input type="checkbox"/> Deluxe Private | <input type="checkbox"/> Your RV |

If shared, ☐ Your own roommate ☐ Pair with someone

If paired with someone, do you snore? ☐ Yes ☐ No

4. Deposit

A \$300 nonrefundable deposit is required. Please make your check payable to The Expanding Light and mail it at the address above, or call us to put the deposit on your VISA / MasterCard. You can also fax this form to us with the credit card information. Please do not email us your credit card information, as email is not fully secure. The balance is due on arrival. Your deposit will not be processed until your application is approved.

Total Amount Due: \$ _____

Amount Enclosed: \$ _____

If paying by credit card,

Card # _____ **Expiration Date:** _____

CVV # _____

Cardholder: _____

Signature: _____

Cancellation policy: If you cancel at least 21 days prior to the start of your program, then \$100 of your deposit will be forfeited as processing fee and the remaining \$200 will be available as a credit for you for one year. Cancellations within 21 will result in loss of the entire deposit.

Thank you for taking the time to complete this questionnaire!