

## Dharma Path Program Level I Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_ (\_\_\_\_) \_\_\_\_\_

If you have previous training in meditation and/or Buddhist studies, please describe it.

What is your current practice?

Have you taken refuge (not a prerequisite for the program)? \_\_\_\_ Yes \_\_\_\_ No

I understand that I am undertaking a course of daily meditation requiring that I keep an accurate record of my practice hours.

Signature \_\_\_\_\_

**Note:** Please be sure to include your registration fee of \$150 payable to Palpung Thubten Choling or PTC. Mail to:

Palpung Thubten Choling Monastery  
Dharma Path Program Registration  
245 Sheafe Road  
Wappingers Falls, NY 12590