

APPLICATION FORM

NAME _____ AGE _____ SEX _____

ADDRESS _____

PHONE & FAX _____

PRACTICE EXPERIENCE

Name of Zen Centre where you are practicing _____

Name of your teacher _____

Are you ordained? YES / NO. (circle one)

If YES: lay person ordination / monk
ordination?

If ordained:
WHERE? _____

WHEN? _____

TEACHER? _____

DHARMA NAME? _____

Have you had previous ANGO experience In Japan? YES / NO.

If YES: WHERE?
WHEN? _____

AFFIRMATION FORM

I hereby acknowledge that I have read all the information and
I agree to follow SZI requirements and regulations.

NAME(print) _____ SIGNATURE _____

DATE _____