



Great Tree Zen Temple
679 Lower Flat Creek Road
Asheville, NC 28701

APPLICATION FORM FOR RESIDENCE AT GREAT TREE

Please submit this application to reside at Great Tree. We ask you bring your own sheets, blankets, pillows, towels, toiletries, etc. Please limit your belongings, however, as you will be sharing limited space with others. We ask you send a check for \$100 with this application. If your residence is not approved, your check will be returned. Make checks payable to Great Tree Zen Temple. Please be advised that there will be one or more dogs in residence. If you have questions, please contact us at (828) 645-2085 or email info@greattreetemple.org.

Dates of Requested Residence: _____

Name: _____ Date of Birth: _____

Address: _____

Telephone Numbers: _____ Email: _____

Health Insurance Plan: _____ Insurance ID No. _____

Experience with communal living: _____

How did you hear about Great Tree? _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

Current teacher (if you have one): _____

Email or Telephone Number of Teacher _____

If you have a teacher, please have her/him send a recommendation.

Please attach a statement discussing each of the following, numbering your responses.

1. A brief personal history.
2. Please describe briefly any previous experience you may have had with meditation and/or religious/spiritual training.
3. Any previous history of communal living.
4. Your interest in participating in practice period at this time.
5. Have you any allergies or medical problems, physical or psychological, we should be aware of while you are at Great Tree?
6. Are you currently taking any prescribed medications? If yes, please specify.
7. Dietary restrictions.

I understand that Great Tree Zen Temple cannot be held responsible for loss of, or damage to, personal property or accidental physical injury incurred during this or subsequent visits.

Signed: _____

Date: _____