

# Path of Practice Application

Please fill out and give to  
Roshi or Joshin Sensei.



---

First Name

Dharma Name

Last Name

---

Email address

Phone Number

Are you a formal member of the Village Zendo? \_\_\_\_\_

*If not, what is your spiritual practice history? (please describe on the other side.)*

Please write a short paragraph describing why you want to take this class.