

Ananda Institute of Alternative Living

Building With Spirit Program

Program Application

Please Print Legibly

Name _____
Date _____
Phone: Day (____) _____ Evening (____) _____ Male (____) Female (____)
Home Address _____
City/State/Zip _____
Country _____ E-Mail _____ Date of Birth _____
Occupation _____ Place of Employment _____

Do you have any limiting physical /emotional conditions which might affect your full participation in this program?
Yes (____) No (____)
Explain _____
Are you taking any medication?
Yes (____) No (____)
Explain _____

Which program are you interested in?
2 Day (____) 7-10 Day (____) Long Term (____) Custom (____)
Program Dates _____
For a custom program, what dates are you interested in?

Are you interested in possibly extending your stay?
Yes (____) No (____)
Explain _____
Because of the requirements of building permits, we sometimes must change our program project or dates. Are you flexible in either of these areas?
Yes (____) No (____)
Explain _____

What experience or skills, which may be pertinent do you have?

What skills do you wish to learn from this program?

Why do you wish to participate in this program?

Ananda Institute of Alternative Living

Have you taken any other programs, which may relate to this program?

Signature_____