

Application Form
Ascension Program
(Please print or type all information)

Name of Applicant: _____ Date: _____

Address: _____

Phones:
Home: _____
Work: _____
Cell: _____

Email Address: _____ Birth Date: _____

Print two emergency contacts, how are they related to you, and what are their phone numbers:

List all similar workshops (workshops whose purposes were self-realization, or self-help) have you attended in the past? Give titles or topics and approximate dates for each.

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What is your medical condition? List all medications you are on for the conditions.

Your Signature: _____ Date: _____

Please return completed form to:

Peaceful Meadow Retreat
7075 Valmont Road
Boulder, CO 80301