



Victoria Zen Centre

4970 Nagle Road RR#6

Sooke, BC

V9Z 1C7

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## Intensive Preparation

If you have successfully developed a stable daily practice of Zen meditation as a member of the Victoria Zen Centre, and are wondering how to go further with our Sangha, this course is your next step. Participants will be introduced to the subtleties and differences involved in intensive training, and will receive an orientation to, and experience of, practices that are specific to intensive training in the Zen tradition. The Intensive Preparation course is the gateway to deepening your practice.

### Course calendar

- Day 1:
- Introduction to the differences between intensive practice and daily practice.
  - Intensive practices: Sutra walking, and keisaku.
  - Sutra walk and two 25-minute periods of sitting\* and walking practice
  - Informal tea and discussion.

*\*The Keisaku will be offered on an optional basis.*

- Day 2:
- Introduction to formal meal practice.
  - Two 25-Minute periods of sitting and walking practice.
  - Formal meal service.\*\*
  - Informal tea and discussion.

*\*\*Dairy and/or egg products may be used.*

*Please note: Course content is subject to change without notice.*

## Intensive Preparation courses in 2009 will be held on:

**Saturday mornings 9:00-11:30am**

June 20<sup>th</sup> & 27<sup>th</sup>  
November 14<sup>th</sup> & 21<sup>st</sup>

**Monday evenings 7:00-9:30pm**

August 10<sup>th</sup> & 17<sup>th</sup>  
September 28<sup>th</sup> & October 5<sup>th</sup>

All sessions are held at our main Zendo at 4970 Nagle Road in Sooke.

Attendance at both sessions of the Intensive Preparation course is required to successfully complete the course.

Fees for the Intensive Preparation course and materials are \$195. A non-refundable deposit of \$50 is required to reserve a seat, with the **balance due one week before the first day of the course**. Cash, cheque, VISA, and MASTERCARD are accepted. Cheques are payable to "The Victoria Zen Centre". There are no refunds.

**Class size is limited to eight (8) participants.**

Please complete and return the attached application form with your payment to:

Victoria Zen Centre  
4970 Nagle Road RR#6  
Sooke, BC  
V9Z 1C7

# Victoria Zen Centre - Programme Application

Please use additional pages if required

Name and date of Course applied for (dd/mm/yy): \_\_\_\_\_

## General Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Marital status: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please Charge my: VISA      MASTERCARD      (circle one)

Card Number: \_\_\_\_\_ Expiration: (mm/yy) \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Signature: \_\_\_\_\_

## Medical Information

Emergency contact person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

MSP Health number: \_\_\_\_\_ list any additional health coverage:

List any allergies (e.g. food, pollen, bee stings, or medicinal): \_\_\_\_\_

\_\_\_\_\_

Describe reaction(s): \_\_\_\_\_

\_\_\_\_\_

List all current medications: \_\_\_\_\_

\_\_\_\_\_

Do you or have you ever had any of the following:

\_\_\_ AIDS/HIV

\_\_\_ Diabetes

\_\_\_ Joint injuries

\_\_\_ Asthma

\_\_\_ Epilepsy

\_\_\_ Mental illness

\_\_\_ Back Injuries

\_\_\_ Anemia

\_\_\_ Severe headaches

\_\_\_ Bleeding disorders

\_\_\_ Heart problems

\_\_\_ Shortness of breath

\_\_\_ Chest Pain

\_\_\_ High blood pressure

\_\_\_ Tuberculosis

If yes to any of the above, please describe treatment: \_\_\_\_\_

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List all your health concerns: \_\_\_\_\_

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Please describe any recent surgeries or hospitalizations:

Surgery/Hospitalization	Reason	Dates
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___

Have you ever been treated for or taken medication for any kind of mental health issue?

Yes  No Psychiatrist name: \_\_\_\_\_ Phone: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Do you need special consideration for any health reasons? (Disability, special diet, asthma, bad back, etc.) \_\_\_\_\_

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### Release Agreement

The Victoria Zen Centre (VZC) is a religious and non-profit society of limited financial means.

It is made possible by the goodwill of practitioners and supporters.

In consideration of this, I hereby agree that:

- (i) The Victoria Zen Centre shall not be held accountable for and has no legal responsibility for any personal injuries suffered or caused by me during or as a consequence of my participation in VZC programmes or activities.
- (ii) I allow the Victoria Zen Centre to contact anyone named on this form in situations affecting my safety.

Date: \_\_\_ / \_\_\_ / \_\_\_ Signature: \_\_\_\_\_