| Name:   |         |       |
|---|---------|-------|
| Address:  |         | City: |
| Phone Contact Information:  |         |       |
| Home:   | Work:   | Cell: |
| REQUST FOR FINANCIAL DISCOUNT CONSIDERATION Only one discount applies.  |         |       |
| FULL-TIME STUDENT DISCOUNT  |         |       |
| I verify I am currently enrolled as a full-time student – and over the age of 18.  DASA Meditation offers a 25% discount to all full-time students.  Student ID card must be presented. |         |       |
| SENIOR DISCOUNT   |         |       |
| I verify I am a senior – and over the age of 65.  DASA Meditation offers a 25% discount to seniors.  Proof of age must be presented.  |         |       |
| VETERAN DISCOUNT  |         |       |
| I verify I am a veteran.  DASA Meditation offers a 25% discount to all veterans.  VA (Veteran Administration) ID must be presented.   |         |       |
| With my signature below, I submit a request for student, senior, or veteran financial consideration.  |         |       |
| Student   | Teacher |       |
| Date:   | Date:   |       |