



KWAN YIN CHAN LIN

## 禅修报名表格

### Zen Meditation Retreat Registration Form

Length of stay during retreat 参加日期: From (从): \_\_\_\_\_ to (至): \_\_\_\_\_

Name 姓名:(English) \_\_\_\_\_ (中文) \_\_\_\_\_

Address 地址: \_\_\_\_\_

Postal Code 邮编: \_\_\_\_\_ Email 电子邮信: \_\_\_\_\_

Contact No 联络号码: \_\_\_\_\_ (HP/Pg) \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ Gender 性别: \_\_\_\_\_ Marital Status 婚姻: \_\_\_\_\_

Occupation 职业: \_\_\_\_\_ Education Level 学历: \_\_\_\_\_

Language 语言: \_\_\_\_\_ Dialect 籍: \_\_\_\_\_

Do you need mandarin translation? Yes / No 您是否须要华语翻译? (是) (否)

Any history of mental abnormality? (Yes /No) If yes:-

是否有过任何精神方面的问题? (有 / 没有) 如果有:-

a) Diagnosis of mental disease 什么问题 \_\_\_\_\_

b) Are you still under treatment? 您是否正在治疗? Yes (是) / No (否)

Any meditation experience(s) 您是否有任何静坐经验? Yes (是) / No (否)

a) Type of meditation 何种静坐 \_\_\_\_\_

b) Period of meditation 多长时间 \_\_\_\_\_

How many retreat(s) have you participated 曾经参加过几次禅修? \_\_\_\_\_

Next of kin to be contacted in case of emergency 紧急情况下的联系人:-

Name 姓名: \_\_\_\_\_ Relationship(中文) \_\_\_\_\_

Address 地址: \_\_\_\_\_

Contact No 联络号码: \_\_\_\_\_ (HP/Pg) \_\_\_\_\_

Yes, I received Zen Mirror newsletter  
有收到大圆镜

No, I did not receive Zen Mirror newsletter  
没收到大圆镜

(please tick accordingly, 请钩适当的格子)

I (我) \_\_\_\_\_, the undersigned hereby declare that the above information is true and willing to abide by the meditation instructor's advice and the Zen Centre regulations, otherwise I will leave on my own accord. I also understand that the organizers will not be responsible in the event of any mental or physical injury incurred during my retreat.

以上所填写内容真实, 愿意遵守观音禅林的规定及负责人的指示, 我知道在禅修间我若出现任何意外, 观音禅林将不承担责任。

Date 日期 \_\_\_\_\_ Signature of applicant 申请者签名 \_\_\_\_\_