



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 _____