



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 as per passport)		(中文名)	
Gender 性别:	Male 男 / Female 女	Dialect 籍贯:	
Address 地址:			
Postal Code 邮编:			
Contact No 联络号码	Home	HP:	Fax:
Email 电信			
Date of Birth 出生日期		Nationality 国籍	
Passport No 护照号码		Expiry Date 有效期至	
Occupation 职业		Education Level 学历	
Language 语言		Marital Status 婚姻	
Any history of mental abnormality? Yes / No 是否有过任何精神方面的问题? 有 / 没有		If yes 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)			
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 关系	
Address 地址:			
Postal Code 邮编:			
Contact No 联络号码		HP/Fax	

**KYCL Zen Meditation Centre**  
No 21 Lorong 25 Geylang

**Pengerang International Zen Centre**  
Lot 109 Telok Ramunia 81620  
Pengerang Johore

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 Organizer's advice and the Zen Centre regulations. I also understand that the Organizer will not be responsible in the event of any mental or physical injury incurred during my retreat.

以上所填写内容属实, 我愿意遵守观音禅林的规定及负责人的指示, 我同意在禅修间若出现任何意外, 观音禅林将无需承担任何责任。

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