



KWAN YIN CHAN LIN

禅修班报名表格

Registration Form for Zen Meditation Class For Beginners

Commencement Date 开课日期: _____ Class 班别: _____ Serial No 编号: _____

Name 姓名:(English/英文) _____ (Chinese/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: _____

Professional Qualification 专长: _____ Hobbies 爱好: _____

Refuge Master 归依法师: _____ Dharma Name 法名 _____

Meditation Experience 坐禅经验: Yes 有/ No 无 If Yes Name of Dharma Teacher
若有 a) 指导法师 _____

b) Type of Meditation 修行法门: _____ c) Period of Meditation 静坐时间: _____

参加禅修班动机 Purpose of joining _____

Date 日期 _____ Signature of applicant 申请者签名 _____

Yes, I received Zen Mirror newsletter
有收到大圆镜
(please tick accordingly, 请钩适当的格子)

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

Venue 上课地点: KYCL Zen Meditation Centre No 21 Lorong 25 Geylang, Singapore 388299

For the purpose of letting you achieve a complete training, please observe the following requirements:

为了让您获得完整的学习过程,我们将确实的执行以下规定:

1. Duration of class is 6 lessons, every Saturday night 7.00pm to 9.30pm. 一期为六周为原则, 每周六晚上七点至九点半上课.
2. During lesson, a) Do not be late or leave early b) Do not miss lesson, do not absent.
上课时务必遵守下列规则: a)不迟到,不早退
b) 不缺课,不缺席以自动去权权论
3. Please wear comfortable and loose clothing during lesson which eases sitting meditation.
上课时请穿著宽松便于静坐的服装.
4. If unable to attend, please provide reason and inform early, in order for filling in other participant.
接获录取通知, 因故不能参加者,请退回通知以便递补名额.

