



PACCAYADHAMMA VIHARA BUDDHIST SOCIETY (PPM-001-02-09032014)

LOT 1528, Kampong Kemunting, 09700 Pekan Karangan, Kedah
Tel: 04-4913925, e-mail: paccaya2014@gmail.com

PHOTO

Check In Date 入營日:		Check Out Date 出營日:	
Total 共: Days 天		Purpose 目的:	
Chinese Name 中文姓名		Gender 性别	Male 男 / Female 女
Name (as in IC) 姓名 (依据身分证或护照)		Age 年龄	
Identity Card no or Passport no 身份证号码或护照号码		Marital Status 婚姻状况	
Address 住址		Occupation 职业	
Contact - HP # 手机号码		House no 住家号码	
Email 电邮			
Next of Kin to contact in case of Emergency (name) 紧急联络人 (名字)			
Relationship 关系		Contact 电话号码	
Health Problem 健康方面	(Yes / No) Heart Disease / 心脏病 (Yes / No) Gastric / 胃病 (Yes / No) Hypertension / 高血压 (Yes / No) Diabetes / 糖尿病 (Yes / No) Others - If yes, Please give details/ 其它-如有, 请说明:		
Mental Problem 精神问题	(Yes / No) If yes, please give details 如有, 请说明:		
Have you attended any Meditation Retreat Before ? 是否曾参加过禅修营吗 ?	Yes/No 曾/不曾		
Please give one of the temples name or meditation centre attended 请给曾参加过禅修营的道场的名字			
The temple regrets that it cannot assume responsibility for any accidents or the theft or loss of valuable possessions. 寺院遗憾地无法对任何事故或贵重物品的盗窃或遗失承担责任。			
I declare that the above information is true and I am willing to abide by the rules and regulation. 我所填上的资料全是真的及我愿意遵守护法营的规则。			
Signature of Applicant 申请者签名		Date 日期	