



大悲菩提寺

Great Compassion  
Bodhi Prajna Temple

**2019 Youth Winter Meditation Camp Application Form**

Chinese Name		English Name	
Date of Birth	Year      Month      Day	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Day School		Day School Grade	
Home Tel. No.	(      )      -	Cell phone Number	(      )      -
Home address	Street: City:	Apt.:	Postal Code:
Father's Name		Mother's Name	
Emergency Contact		Contact Phone	(      )      -
Care card NO.		Parents e-mail	
Home Language	<input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Other (Please specify)		
What's your Chinese level?	<input type="checkbox"/> I don't know any Chinese. <input type="checkbox"/> Beginner: Basic speaking & listening only, can communicate with others in basic Chinese. <input type="checkbox"/> Intermediate: Can speak, listen and read some Chinese. <input type="checkbox"/> Intermediate to advanced: Can read Chinese newspaper.		
Have you participated in Youth Meditation camp before? If yes, what year and what you had learnt?			

