



大悲菩提寺

Great Compassion
Bodhi Prajna Temple

2021 the 8th Summer Youth Medication Camp Application Form 2021 年第八屆暑期青少年卓越禪修營報名表

English Name		Chinese Name	
Date of Birth	Year Month Day	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Day School		Day School Grade	
Care card NO.		Parents e-mail	
Home Tel. No.	() -	Cell phone Number	() -
Home address	Street:		Apt.:
	City:		Postal Code:
Father's English Name		Mother's English Name	
Father's Chinese Name		Mother's Chinese Name	
Emergency Contact		Emergency Contact phone#	
Home Language	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other (Please specify)		
Referral (介紹人)			
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			

