

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	Year Month Day		Gender			
Day School				Day School Grade			
Care card NO.				Parents e-mail			
Home Tel. No.	() -		Cell phone Number	() -		
Home address	Stree	et:	Apt.:				
	City: Postal Code:						
Father's English				Mother's English			
Name				Name			
Father's Chinese				Mother's Chinese			
Name				Name			
Emergency				Emergency			
Contact				Contact			
				phone#			
Home Language	□ English						
	□ Mandarin						
	□ Cantonese						
	□ Other (Please specify)						
Referral (介紹人)							
What's your Chinese		□ I don't know any Chinese.					
level?		☐ Beginner: Basic speaking & listening only, can communicate with others in					
		basic Chinese.					
		☐ Intermediate: Can speak, listen and read some Chinese.					
		☐ Intermediate to advanced: Can read Chinese newspaper.					
Have you participated in Youth Meditation camp							
Touth Meditation Ca	<u> </u>						



before?							
If yes, what year and what							
you had learnt?							
What's the motivation for							
you to attend the camp?							
Have you participated in							
Great compassion							
temple's weekend youth							
program?							
How long do you think		☐ Five minutes ☐ Ten minutes	5				
you can sit quietly and		☐ Fifteen minutes ☐ Twenty minutes or more					
still?		- Theen minutes - Twenty minutes of more					
What's your hobbies and							
interests?							
Please describe yourself							
in couple sentences.							
Suggested	Tuition fee:\$ 600/ per participant 每位小朋友						
Donation							
Payment Methods							
Date							
Date		(Y)	(M)	(D)			