



The City of 10,000 Buddhas, Registration Form for Taking the Lay Bodhisattva Precepts 萬佛聖城 傳在家菩薩戒 報名表

Please attach
two photos
請附
相片二張

Which language are you most fluent in? 申請者慣於使用何種語言?

English 英文 Mandarin 國語 Vietnamese 越文 Others 其它 _____

中文姓名	性別 Sex	簽證種類 Visa
English Name		
地址 Address	電話 Telephone	
國籍 Nationality	出生日期 Date of Birth	
出生地 Place of Birth	/ /	
學歷 Education:	法名 Dharma Name	
職業 Occupation:		
婚姻狀況 Marital status: <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 離婚 Divorced		
曾皈依否 Have you taken Refuge before? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 何時 When _____ 從何師 Master Name _____		
曾受五戒否 Five Precepts? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 何時 When _____ 從何師 Master Name _____		
曾受在家菩薩戒否 Lay Bodhisattva Precepts? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 何時 When _____ 從何師 Master Name _____		
此次申請居留期間 How long do you intend to stay at CTTB? From / / to / /		
能否遵守聖城清規? Are you able to follow the rules at CTTB? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
此次申請居留期間，是否有隨行居留者? Will any people come along with you to stay at CTTB this time? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如有，請轉告他們必須遵守聖城規矩。請列下他們的姓名、年齡、關係稱謂及此次前來聖城的因由。 If yes, they are also requested to follow the rules of CTTB. Please write down their names, age, their relation to you and their reasons for coming to CTTB this time.		

(over 接另一面)

緊急通知人 Person to Contact In emergency	
姓名 Name	關係 Relationship
地址 Address	電話 Telephone
以前曾來過聖城否? Have you visited CTTB before? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
何時 When	
停留多久 Length of stay	
此次前來受菩薩戒的因由 Your reasons for taking the Lay Bodhisattva Precepts	
你對聖城的認識是什麼? What do you know about CTTB?	
請述個人學佛因緣 Your reasons for studying Buddhism	

All the visitors, especially those from overseas, must have personal accident and catastrophic health insurance which should cover the length of stay at CTTB. We appreciate your cooperation. Sign your name below to indicate that you understand and agree to the above. 所有訪客尤其由海外來者，必須具備個人意外保險及重大疾病之住院保險，且此保險應含蓋在聖城停留期間。若有任何不便之處，敬請慈悲配合。

以上如已明瞭同意，請簽名。

申請人簽名 Signature _____ 日期 Date _____