

REGISTRATION FORM 报名表格



The Buddhist Union 佛 教 會

28 Jalan Senyum Singapore 418152, Tel: 6281 9776 / 6241 9419, Fax: 6444 3280

Event Title 活动名称			
Name 姓名 (Compulsory field) As in NRIC / Fin 同与身份证所示	Contact No : 联络号码		
	Gender 性别: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
Age 年龄	<input type="checkbox"/> <21	<input type="checkbox"/> 21-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> >50
Email 电邮			
Address 地址			
Payment 付款方式	Amount 数额:	<input type="checkbox"/> Cash 现金	<input type="checkbox"/> Cheque 支票
	Bank / Cheque no 银行/支票号码		

I hereby, agree and declare that I shall have no claim whatsoever and howsoever against The Buddhist Union for any mishaps, injury or loss of any kind that may occur during my participation.

本人同意主办单位无需为本人在参与上述活动时所发生的任何意外负责。

Signature & date 签名与日期

For payment by post (cheque only) 邮寄付款 (只限支票)

Please make cheque payable to "The Buddhist Union". Indicate name of event on the reverse side, together with your name and contact number and mail it to:

The Buddhist Union Dharma Centre, 43 Lowland Road Singapore 547444

支票收款者是"The Buddhist Union"请在支票背面写上您的姓名, 联络号码和项目名称, 寄到
The Buddhist Union Dharma Centre, 43 Lowland Road Singapore 547444

Registration is accepted on a first-come first-served basis, subject to availability of seats. Priority will be accorded to registrations received with payment

名额有限, 先登记并缴费者, 将先获得名额。

For Official use 主办单位填写	Date : _____
Attended By : _____	Receipt #: _____
Payment Mode: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	No : _____

Thank you for your support! 感谢您的支持!