



禪三報名表

3-day Ch'an Retreat Application Form

活動日期/ Date of Activity: 4/10 - 12/2009

請將填寫完整的報名表和費用寄至(Please Complete the Application Form and Cost Submit to)

法鼓山護法會西雅圖分會

Dharma Drum Mountain Buddhist Association - Washington Chapter

14028 BEL-RED RD. #205, Bellevue WA 98007

Tel : 425-957-4597 Fax : 425-861-7622 seattle.ddmusa.org

三 日 禪	姓名 Name	中 C	英 E	編號
	性別 Sex	<input type="checkbox"/> 男/ Male <input type="checkbox"/> 女/ Female		生日 (年-月-日) Date of Birth (Y-M-D)
	<input type="checkbox"/> 學生/ Student ID			學歷 Education Background
	婚姻狀況 Marital Status	<input type="checkbox"/> 未婚/ Single <input type="checkbox"/> 已婚/ Married <input type="checkbox"/> 其他/ Others		電子信箱 E-mail address
電話 (宅) Telephone (H)		電話 (公) Telephone (O)		
行動電話 Mobile Phone		傳真 Fax		
通訊地址 Mailing Address				
興趣、專長 Interest, Expertise				
宗教信仰 Religion			皈依師 Refuge Master	
您參加過法鼓山所舉辦的初級禪訓班或禪修活動嗎? <input type="checkbox"/> 是/ Yes Have you attended Basic Meditation Class from DDM Ch'an Centre? <input type="checkbox"/> 否/ No				
您是否需要機場接送到道場? <input type="checkbox"/> 是/ Yes <input type="checkbox"/> 否/ No Do you need air-port Pick-Up to DDM?				
您固定打坐的頻率為: <input type="checkbox"/> 每天/ Daily <input type="checkbox"/> 每週/ Weekly Do you practice meditation regularly? <input type="checkbox"/> 每個月/ Monthly <input type="checkbox"/> 不定期/ Irregular				
您每次打坐的時間大約多久? How long do you meditate each time?			您使用的方法是: What is your method of meditation?	
您曾經有過嚴重的(或感染性)疾病嗎? 若有的話, 請註明: Have you ever had any serious infectious diseases? If yes, please state:				
參加此活動動機 Purpose of participating this activity				

注意事項/ Remarks : 由於人數有限，敬請 3/31 日前報名以便作業

(Due to space considerations, Please sign in before 3/31/2008)

- | | |
|---|---|
| 1) 活動時間：4/10 日上午七時三十分報到，4/12 日下午五時結束 | 4) Camp 沒有醫療設備與服務，若有嚴重疾病者，請勿參加。 |
| 2) 活動費用：每人 US\$190，費用包括住宿與食物 (2 宿 7 餐) | 5) 精進禪修期間，參眾必須遵守主辦單位的規定，包括禁語及其他相關規定。 |
| 3) 活動地點：Seabeck Christian Conference Center
15395 Seabeck HWY N.W.
Seabeck, WA 98380 www.seabeck.org
Tel : 360-830-5010 206-842-0346 | 6) 錄取通告將於 4/5 日前寄至(或 e-mail)合格者。 |
| | 7) 錄取通知書將說明其他細節。 |
| 1) Time : From 4/10/2009 7:30 AM
To 4/12/2009 5:00 PM | 4) The Camp facility will provide first aid medical Service Only. |
| 2) Cost sharing : US\$190, include accommodation and food (2 night & 7 meals) | 5) During the Ch'an retreat, participates shall comply with all the rules set by the organizer, including the NO- talking rule. |
| 3) Place : Seabeck Christian Conference Center
15395 Seabeck HWY N.W.
Seabeck, WA 98380 www.seabeck.org
Tel : 360-830-5010 206-842-0346 | 6) Notification of acceptance before 4/5 will be sent to (or e-mail) the qualified applicants. |
| | 7) Other detail information will be stated in the Notification of acceptance. |

本人保證所提供的資訊是正確且完整的。若取得參加本次禪訓的錄取資格，將會誠摯努力以迄圓滿。
I certify that the information given in this application is true and complete. If accepted, I agree to complete the entire retreat session .

填表人簽名/Signature of Applicant: _____

日期/Date: _____