



法鼓山

法鼓山紐約東初禪寺

## 楞嚴禪修營-報名表

## Application form for Surangama Chan Retreat

August 6<sup>th</sup> – August 12<sup>th</sup>, 2012

Place: Dharma Drum Retreat Center, Pine Bush, NY 地點: 象岡道場

English Name:		Chinese Name:	
Gender:	Female      Male	Date of Birth:	
Address:			
Telephone:			
Email:			
Contact by Email:	Yes      No	Occupation 工作職稱:	
Have you taken retreat before 參加過: <input type="checkbox"/> 1-day 禪一 <input type="checkbox"/> 3-day 禪三 <input type="checkbox"/> 5-day 禪五			
<input type="checkbox"/> 7-day 禪七 <input type="checkbox"/> Others 其他 _____			
Membership:	None      CMC      US DDMBA Fundraiser	(If you are not a formal due-paying member of CMC or a fund-raising member of DDMBA USA, please select "None")	
是否為東初禪寺會員?	<input type="checkbox"/> 否 <input type="checkbox"/> 是	是否為勸募會員?	<input type="checkbox"/> 否 <input type="checkbox"/> 是
Have you taken a class from CMC or DDRC?	Yes      No		
Have you studied meditation elsewhere?	Yes      No		
If yes to question above in what tradition? How many years have you been practicing:			
是否曾經受過聖嚴法師或法鼓山的法師指導? <input type="checkbox"/> 否 <input type="checkbox"/> 是			
Vegetarian (not vegan) meals will be served in this retreat. Do you have any dietary restrictions or food allergies?      Yes      No			
If you answer "yes" to the question above, please list your dietary restrictions or food allergies			
個人如有特殊需求或注意事項, 請詳述:			

How will you get to DDRC?	Driving	Train/Taxi	Bus (from CMC)
Retreat Fee: \$300.00	Student: \$100.00	Bus Fee \$50.00	
<p>Please fill out the application and enclose a check (payable to DDMBA), mail to CMC  請填妥報名表，連同支票(抬頭請列 DDMBA)寄至：</p> <p>Chan Meditation Center  90-56 Corona Avenue, Elmhurst, NY 11373  (並註明八月楞嚴禪修營)</p> <p>**Deadline: July 20th, 2012 報名截止日期為 2012 年 7 月 20 日</p>			

**MEDICAL CONDITION**

*We request the following information to help us determine whether or not participation in a retreat will aggravate a serious medical condition, endanger a participant's health, or disrupt the functioning of a retreat. Please assist us by providing complete and current information on all applicable categories. The information provided will be kept strictly confidential to protect the applicant's privacy.*

If you have had serious back or leg ailments, symptoms of headache, dizziness, palpitation, or shortness of breath due to meditation, high or low blood pressure, heart problem, major surgery, allergy, infectious disease, or if you have been treated for serious emotional or psychological symptoms, please briefly state the nature of each problem and the current condition:

**SIGNATURE**

By signing below, I testify that all the information I have provided is correct and complete. I understand that if I withhold any necessary information, I may be excluded from future participation. If I am accepted, I agree to finish the entire event. I understand that if I leave the event without permission, my application to future events may not be accepted. I agree to relieve DDRC from all liabilities in the event of any injury or illness incurred while I am on the retreat center property.

<b>Signature:</b>	<b>Print Name:</b>
-------------------	--------------------

--

**Please mail your completed application to the address on the first page.**