

**Bodhi Meditation Centre**  
菩提禅堂  
**COURSES APPLICATION FORM**  
课程申请表格

Course 课程 \_\_\_\_\_

Name (capital letter) 英文姓名		Chinese Name 中文姓名
NRIC / Passport No. 身份证/ 护照号码		Gender 性别 Male 男 / Female 女
Date of Birth 出生日期	Nationality 国籍	Occupation 职业
Tel No. 电话号码		Email 电邮
Address 地址		

**Declaration**

I wish to participate in the above and verify that the information provided above is correct. I hereby absolve any responsibility to the organisers should any mishap occur or lose my personal belongings during participation.

\_\_\_\_\_  
Applicant's Signature 申请者签名

\_\_\_\_\_  
Date 日期

For cheque payment, kindly make payable to "**Bodhi Meditation Centre**".

For Official Use

Amount payable	Mode of Payment Cash / Cheque No.	Receipt No.
Collected by / Date	Remarks	