

華嚴寺三十週年法會參加表格

姓名: _____ 性別: _____ 出生年份: _____ (_____ 歲)

地址: _____

電郵: _____ 電話: (_____)

緊急聯絡人 1: (姓名) _____ (關係): _____ (電話) _____

緊急聯絡人 2: (姓名) _____ (關係): _____ (電話) _____

閣下常到的法總道場: _____ 如閣下並非法總道場弟子，請問如何得知本寺消息: _____

參加項目: (請在準備參加的法會旁劃寫 ✓ 號)

	8/23	灑淨 Purification of boundary
	08/24-08/30	楞嚴咒七 Shurangama Mantra Recitation Session
	08/31	三皈五戒 Transmission of Three Refuges and Five
	09/01	八關齋戒 Transmission of Eight Precepts
	9/01-9/08	梁皇寶懺 Repentance of Emperor Liang
	9/09	開光大典 Inauguration ceremony
	9/09	幽冥戒 Precepts for the deceased
	9/10	特別法會 Special event
	9/11-9/12	朝文殊山 Pilgrimage to Castle Mt. and Golden City
	09/14-09/16	禪三 3-Day Chan

抵達日期: _____ 航空公司: _____ 航班編號/抵達時間: _____ 從 _____ 起飛

離開日期: _____ 航空公司: _____ 航班編號/起飛時間: _____ 飛往 _____

機場接送 (如需安排請寫 ✓ 號): 從機場接到寺 () 從寺送往機場 ()

旅遊/外地醫療保險公司名稱 (必須填寫): _____ 保險單號 _____

在卡加理的住宿地址: _____

同行的家庭成員 (請清楚列明每位成員的 **姓名**，**性別**，及 **年齡**):

姓名	性別	年齡	旅遊保險公司	保險單號	其他備註
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

如閣下道場組織多人的團隊前來參加，每隊只需填寫一份表格。團長的資料寫在表格首頁，團員資料列明在此頁下方。全體團員的行程安排應該與首頁相同，往來時間地點均需一致。個別行程有異者，請特別註明或另填表格。每位團員需提供兩名緊急聯絡人資料。

<u>團員姓名</u>	<u>性別</u>	<u>年齡</u>	<u>保險公司</u>	<u>旅保單號</u>	<u>緊急聯絡人 #1</u> 姓名、電話	<u>緊急聯絡人 #2</u> 姓名、電話

Avatamsaka Monastery 30th Anniversary Participation Form

Name: _____ Gender: _____ Year of birth: _____ (Age) _____

Address: _____

Email: _____ Phone: (_____) _____

Emergency Contact: (name) _____ (relation): _____ (phone) _____

Provide 2 contacts: (name) _____ (relation): _____ (phone) _____

If you go to a DRBA branch, please indicate: _____ If not, how did you learn about us: _____

Please check events you are attending

	8/23	灑淨	Purification of boundary
	08/24-08/30	楞嚴咒七	Shurangama Mantra Recitation Session
	08/31	三皈五戒	Transmission of Three Refuges and Five Precepts
	09/01	八關齋戒	Transmission of Eight Precepts
	9/01-9/08	梁皇寶懺	Repentance of Emperor Liang
	9/09	開光大典	Inauguration ceremony
	9/09	幽冥戒	Precepts for the deceased
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	09/14-09/16	禪三	3-Day Chan

Arrival Date: _____ Airline: _____ Flight # and arrival time: _____ from _____

Departure Date: _____ Airline: _____ Flight # and departure time: _____ to _____

Do you need us to arrange transportation (check if require service): airport to temple () temple to airport ()

Travel Insurance (compulsory, please provide name of insurer): _____ policy # _____

Address in Calgary: _____

If you would like to stay in temple, please ask your DRBA branch manager to sign here: _____

Family members travelling with you (please provide **full name**, **gender**, **age** and **insurance coverage** for each member):

<u>Name</u>	<u>gender</u>	<u>age</u>	<u>insurer and policy #</u>	<u>remarks if any</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are traveling as a big group from your branch, your group can fill out one form and list members on the next page

For group travel taking the same flight, please provide the following information for each member of the group. For those who have different itineraries please fill out a separate form. The person filling the first page of this form will be your group leader. Each member should provide 2 emergency contacts.

<u>Name</u>	<u>M/F</u>	<u>age</u>	<u>insurer & policy #</u>	<u>emergency contact #1</u> name & phone number	<u>emergency contact #2</u> name & phone number