



COURSE/ EVENT PARTICIPATION FORM

课程/活动参加表格

Part 1 : Course/Event Details 课程/活动详情		
Course Title/ Event 课程/活动 : Reiki Attunement Level 1 (Eng)	Date 日期: 23/9/2017 (Sat)	Period/Time 时间 : 9am – 5pm

Part 2 : Personal Particulars 个人详情		
Name 姓名 (as in I/C or passport): *Mr/Mrs/Mdm/Ms/Dr :	Mandarin Name 中文名:	Refuge Name 法号(If any) :
Home Address 住家地址:		
Home Telephone 住宅电话:	Handphone 手机:	NRIC/Passport No 身份证/护照号码:
Marital Status 婚姻状况: *Single 未婚/ Married 已婚/ Others 其它	Gender 性别: *Male 男 / Female 女	Nationality 国际:
Email 电子邮件:	Language Preferred 语言: *English 英/Mandarin 华	Occupation 职业:
Education Level 学历: *Secondary & below 中学及以下 / College, Poly 高中 / Tertiary 大学		D.O.B 生日 (dd/mm/yyyy):
Yes, I would like to be updated on events and activities by: 是的! 请通知我所有的活动, 并通过: SMS 电话短讯 <input type="checkbox"/> English <input type="checkbox"/> Chinese		

Part 3 : Next-of-Kin Particulars 亲人详情 (In case of Emergencies)		
Name 姓名 :	Relationship 关系 :	Contact No 联络号码 :
Home Address 住家地址:		

Part 4 : Parents Consent 家长同意 (For participants under the age of 21 years old)	
<p>I, _____ (NRIC : _____), * parent/ guardian of _____ (Name of *child/ward), hereby give consent for my *child/ ward to attend the above mentioned *course/event. I understand that I shall not hold Thekchen Choling (Singapore), their staff and/or the organizing members responsible in the event of any damage or loss of properties, mishaps, injury or loss of life that may occur during or arising from the above mentioned *course/event.</p>	
Signature of *Parent/ Guardian:	Date :

*Please circle where appropriate

Part 5: Personal Data Protection Consent 个人资料隐私授权表格

(Please Tick and sign if you agree. 请打勾与签名。)

1) I agree and consent that the personal data I am requested to provide in the forms are collected by Thekchen Choling (Singapore) for purposes of registration, event publicity, marketing communications, audit, and meeting any other legal and regulatory obligations, and may be used, disclosed or otherwise processed accordingly. The personal data will be retained for no longer than is necessary to meet the purposes for which the data is collected, or if longer, for compliance with applicable law, or in accordance with the temple's records retention guidelines.

The personal data enclosed herein may be used by Thekchen Choling may be transferred by TCCL SG to its other affiliates and branches worldwide on a required basis.

2) I give consent to receive updates on events and activities by the following (Please tick)

我愿意以以下方式获得寺庙活动的消息(请打勾):

English SMS 电话短讯 (英语) or 或

Chinese SMS 电话短讯 (华语)

Mailed Brochures 邮寄手册

Yes, I agree 是, 我答应

No, I do not agree 否, 我不答应

Signature 签名

Date 日期

Part 6 : Indemnity 免责条款

I understand that I shall not hold Thekchen Choling (Singapore) responsible for and indemnify Thekchen Choling (Singapore) against all claims arising from any accident that happen to me during the course/event. 我明白及同意大乘禅寺(新加坡)将无须赔偿或负起任何有关我在课程时所发生的任何意外。

I understand that I shall not hold Thekchen Choling (Singapore) responsible for any losses of personal items during the course/event. 我明白及同意大乘禅寺(新加坡)将无须赔偿或负起任何有关我在课程时所遗失的任何个人物件。

Do you have any medical history or allergy? 您有任何医药病历或对某物产生敏感吗?

Yes 是 No 否 If yes, please specify 如有, 请注明:

Crossed cheques are to be made payable to 请将划线支票注明

"Thekchen Choling (Singapore)"

Please attached the cheque together with your participation form and mail it to

请将支票与参加表格寄至: **2 Beatty Lane Singapore 209945**

FOR OFFICIAL USE 寺务所专用:

Amount : _____ Receipt No. : _____ Date of registration: _____

Payment Mode : Cash / Nets / Visa / Cheque (Bank/Chq No.) : _____

Received by: _____