

緊急通知人 Person to Contact In emergency	
姓名 Name	關係 Relationship
地址 Address	電話 Telephone
以前曾來過聖城否? Have you visited CTTB before? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 何時 When 停留多久 Length of stay	
此次前來受菩薩戒的因由 Your reasons for taking the Lay Bodhisattva Precepts	
你對聖城的認識是什麼? What do you know about CTTB?	
請述個人學佛因緣 Your reasons for studying Buddhism	

All the visitors, especially those from overseas, must have personal accident and catastrophic health insurance which should cover the length of stay at CTTB. We appreciate your cooperation. Sign your name below to indicate that you understand and agree to the above. 所有訪客尤其由海外來者，必須具備個人意外保險及重大疾病之住院保險，且此保險應含蓋在聖城停留期間。若有任何不便之處，敬請慈悲配合。

以上如已明瞭同意，請簽名。

申請人簽名 Signature _____ 日期 Date _____