



The City of 10,000 Buddhas
Short-term Visitor Application Form
萬佛聖城短期居留申請表

請寫下您來聖城之目的。What is your purpose for visiting the City of 10, 000 Buddhas?

中文姓名:	法名Dharma Name	
English Name:		
國籍Nationality:	性別Sex	簽證種類Visa
出生地Place of Birth:		
地址Address:	電話 Tel.	
	電郵 Email	
學歷Education:	出生日期Date of Birth	
職業Occupation:	/ /	
婚姻狀況Marital status: <input type="checkbox"/> 單身Single <input type="checkbox"/> 已婚Married <input type="checkbox"/> 分居Separated <input type="checkbox"/> 離婚Divorced	配偶姓名Name of Spouse	
曾皈依否 Have you taken... Refuge before? <input type="checkbox"/> 是Yes <input type="checkbox"/> 否No 何時When _____ 從何師Master Name _____		
曾受五戒否 Five Precepts? <input type="checkbox"/> 是Yes <input type="checkbox"/> 否No 何時When _____ 從何師Master Name _____		
曾受在家菩薩戒否 Lay Bodhisattva Precepts? <input type="checkbox"/> 是Yes <input type="checkbox"/> 否No 何時When _____ 從何師Master Name _____		
曾出家否 monastic precepts? <input type="checkbox"/> 是Yes <input type="checkbox"/> 否No 何時When _____ 從何師Master Name _____		
已申請前來聖城Have you applied to come to CTTB before? <input type="checkbox"/> 是Yes <input type="checkbox"/> 否No 何時 When _____		
此次申請居留期間How long do you intend to stay at CTTB? From / / to / /		
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 _____		
Which languages are you fluent in? 您慣於使用何種語言? <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Others 英文 中文 越文 其它 _____		

(over接另一面)

此次申請居留期間, 是否有隨行居留者?

Will any people come along with you to stay at CTTB this time? 是Yes 否No

如有, 請列下他們的姓名、年齡、關係稱謂。

If yes, please write down their names, age and their relation to you.

緊急通知人 Person to Contact in Emergency

姓名 Name

關係 Relationship

地址 Address

電話 Telephone

您能否遵守聖城清規? Are you able to follow the rules at CTTB? 是Yes 否No

* 您的健康情形(若有特殊情況請說明) State of health (Please indicate any specific illness)

* 您是否有發燒或呼吸道感染徵狀?

Do you have fever and symptoms of respiratory illness? 是Yes 否No

如有, 請問在發燒等徵狀之前十日, 您曾去那些地方? (請詳列之)

If yes, where have you traveled in the 10 days prior to illness?

* 做過**TB**(肺結核)測驗否? Have you been tested for tuberculosis (TB)? 是Yes 否No

檢驗結果 Test result: 陽性 **Positive** _____ 陰性 **Negative** _____ Date 日期 _____

你對聖城的認識是什麼? What do you know about CTTB?

請述個人學佛因緣 Please give your background in Buddhism.

All visitors, especially those from overseas, are encouraged to have personal accident and catastrophic health insurance which should cover the length of stay at CTTB.

聖城鼓勵所有訪客尤其由海外來者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。

I hereby certify that to the best of my knowledge all statements made herein are true and correct. 我在此保證, 我所填的表格內容, 一切盡我的良知, 且一切屬實

Signature of Applicant 申請者簽名

_____/_____/_____
Date 日期

Date 日期

