

Transportation: Please plan to arrive before 5:30 pm

☐ I need a ride, additional cost round trip \$40.00/person. How many person?_

I will travel by Car

Dharma Drum Mountain Buddhist Association

90-56 Corona Avenue, Elmhurst, NY 11373 Tel:718-592-6593 Fax: 718-592-0717 www.ddmusa.org

2011 Family Chan Camp 親子夏令營 7/27/2011 5:30 pm - 7/31/2011 4:00 pm

Please send in your application no later than July 10, 2011				Receipt #				
Parent(s) w/Child(ren): \$15000 Please make check payable to	-	Children only: \$20	00/person,					
1.Camper's Name: (LAST)								
(LAST)	(FIRST)	(CHINESE	NAME)	(AGE)		(GENDER)		
2.Camper's Name: (LAST)								
(LAST)	(FIRST)	(CHINESE	NAME)	(AGE)		(GENDER)		
3.Camper's Name: (LAST)								
(LAST)	(FIRST)	(CHINESE	NAME)	(AGE)		(GENDER)		
4.Camper's Name:								
4.Camper's Name: (LAST)	(FIRST)	(CHINESE	NAME)	(AGE)		(GENDER)		
Parent or Guardian's Name:					Π Father	∏ Mother	[] Guardian	
Parent or Guardian's Name:_	(LAST)	(FIRST)	ST) (CHINESE)		☐ Father ☐ Mother ☐ Gu		u Guarulan	
Parent or Guardian's Name:_	(LAST)	(FIRST)	(CH	INESE)	☐ Father	Mother	Guardian	
				,	7' 6			
Address:					Zıp C	ode:		
E-mail:	(H):	(O): _				Cell):		
Does the applicant have any siftyes, please explain:	special medical, ph	ysical, emotional	or mental n	eeds?		🛮 Yes 🗓 N	0	
Do you have any dietary restr If yes, please explain:	rictions or food alle	ergies? I Yes	🛮 No					
Emergency Contact 1:								
		(NAME) (RELA		ATIONSHIP)		(PHO	(PHONE)	
Emergency Contact 2:		(NAME)	(RE	LATIONSHIP)		(PHO	ONE)	
I. I grant permission to Chan II. I do hereby give authority with the understanding that tl III. I understand and agree th for any injury, loss, or illness belongings.	Meditation Center to Chan Meditation family be notified at DDRC, DDMB	to take and publis on Center to obtain od as soon as poss. A, the staff, and C	sh photogra n the necessible. han Medita	phs of my of sary emergorition Center	child for a ency medi assume n	ny legitimat cal treatmer o responsibi	e purposes. In for my child, the	
Parent or Guardian's signature								
Parent or Guardian's Name		Date				_		