



REGISTRATION FORM

Last Name (họ): _____ First Name (tên): _____

Dharma Name: _____ Gender: _____ Age: _____

Address: _____

City: _____ State _____ Postal Code: _____

Country: _____ Phone: _____

E-mail address: _____

Arrival Date: _____ Departure Date: _____

Special note: _____

In case of emergency, contact (liên lạc khi khẩn cấp):

Name (tên): _____ Phone: _____

Liability waiver: The following signature indicates that participant(s) relieve the White Sands Buddhist Center (WSBC) from all liabilities in the event of any injury, illness, and all accidents that may occur while staying at WSBC.

Signed (ký tên): _____ Date (mm/dd/yy): ____/____/____

Please mail or email this completed Registration Form to (xin gửi thư hoặc email giấy Ghi Danh này đến địa chỉ dưới đây):

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