

Fo Guang Shan St. Louis Buddhist Center Registration Form

Number :

Activity	English Buddhism Meditation	Date	mm dd yy
English Name		Chinese Name	
Date of Birth (option)	Month Day Year / /	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address	Street _____		
	City _____ State _____ Zip Code _____		
Phone	H: W:	Fax: Email:	
Language	<input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Cantonese <input type="checkbox"/> Other _____		
Remark			
Emergency Contact	Name:	BLIA Membership	
	TEL:	<input type="checkbox"/> YES <input type="checkbox"/> NO	