

NAN TIEN TEMPLE COURSE APPLICATION FORM

Given Name	Surname	Gender <input type="checkbox"/> F <input type="checkbox"/> M	D.O.B. _____ D _____ M _____ Y
Address <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		Ph: _____	Mob: _____
Academic Achievement:		Email: _____	
Occupation:		Fax: _____	
Classes: Term _____ Year _____ <input type="checkbox"/> Wed. Meditation (Beginners) <input type="checkbox"/> Tai-Chi (Introduction to Tai Chi) <input type="checkbox"/> Buddhism Study (English) <input type="checkbox"/> Wed. Meditation (Advanced) <input type="checkbox"/> Tai-Chi (Continuation and Refinement) <input type="checkbox"/> Self Cultivation Class			
Please tick: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Cheque or Money Order <input type="checkbox"/> Cash <div style="text-align: right; margin-right: 50px;">Payable to 'IBAA'</div> Card No: _____ Expiry Date _____ Name on Card _____ <i>(please print clearly)</i> Amount _____ Signature of Cardholder _____			
Office use only	Fee Paid <input type="checkbox"/> Yes, Amount: \$ _____ <input type="checkbox"/> No	Handled by: _____ Date: / /	

* Please see back page, thank you.

Please answer the following questions.

All information will be kept strictly confidential. Thank you for your co-operation.

Are you a new student? If yes please respond to each question.

Please give details if you answer "Yes" to the following questions; (type, frequency, amount etc.)

1: Do you have or ever had any physical health problems; e.g. *Diabetes, heart disease, epilepsy etc.?* YES / NO

2: Do you have or ever had any mental health problems; e.g. *significant depression, anxiety, panic attacks, schizophrenia etc?* YES / NO

3: Are you now taking, or have you taken any drugs in the past two years; e.g. *Barbiturates, cocaine, amphetamines, alcohol, marijuana or other intoxicants?* YES / NO

- * Pregnant women are advised to consult their Doctor before joining Tai Chi. We cannot accept any responsibility as complications may arise.
- * Payment in full, plus application form is required a week before courses commence.
- * NO REFUND or TRANSFER after commencement of course.

✓ I hereby certify that the above information is true to the best of my knowledge, and I will notify Nan Tien Temple of any changes.

✓ I agree to abide by all the Temple's rules and regulations for the duration of the course.

SIGNATURE: _____ **DATE:** / /