

慈濟 北加州分會 2012年

「社會教育推廣」課程報名表

Tzu Chi Community Education Program

(Rev. 9/14/2010)

Course Name 課程項目：

中文姓名： 生日(報名填表人必須年滿 18 歲) DOB： /  / 19\_\_

First Name： Last Name： 性別： 男 Male  女 Female

home phone： ( ) -  cell phone： ( ) -

身分： 慈濟會員  社區志工  見習慈委  培訓慈委  慈誠  委員  
(可複選)  社會大眾  銀髮族65歲以上  **第一次報名**  **社教舊生(以下只需簽WAIVER)**

e-mail：

Street： City： Zip Code：

Emergency contact name： Contact Phone number： ( ) -

Relationship： spouse配偶  parent父母  child子女  relative親戚  friend朋友  **other**

How do you know us?  
 campus園區  e-mail  newspaper報紙  TV電視  friend朋友  Volunteer志工  
 current student舊生推薦  flyer商家海報  other其他(請註明)：

**WAIVER** - Please READ AND SIGN Waiver. Registration may not be processed unless the Waiver is signed.  
*In consideration of the Buddhist Tzu Chi Foundation (hereafter collectively referred to as "Tzu Chi") furnishing facilities, supervisors, equipment or expenses, I agree to HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Tzu Chi, its affiliates, officers, employees, volunteers and agents, on behalf of myself, my child(ren), my heirs, assignees, administrators and executors, any and ALL RIGHTS AND CLAIMS OR INJURIES to property and/or person which undersigned or participant may sustain or incur as a result of, use of, or participation in the activities, events, or property by Tzu Chi.*

**Signature** X \_\_\_\_\_ **Date** X \_\_\_\_\_  
 (Parents/Guardian must sign for participant under 18 years of age)

Disclaimer: All participants in Tzu Chi's programs, activities, and/or events are subject to being photographed and/or video taped for Tzu Chi's publication within US and/or internationally. If you do not wish for you and/or your child(ren) to be photographed and/or video taped, please inform Tzu Chi in writing.

**親子班報名資料**：(Parent-Child class only)

子女1姓名(中英文)： son  daughter  Birthday： /  /

子女1姓名(中英文)： son  daughter  Birthday： /  /

- \*1. 學費支票抬頭 Check payable：**TZU CHI** (non-tax deductible / memo 請填寫課程名稱)
- \*2. 將報名表連同支票郵寄 *Tzu Chi Foundation, Attn: Community Education Program*  
 Mail this form & check to：**2355 Oakland Road, San Jose CA95131**
- \*3. Please contact us if you did not receive a confirmation call within a week.
- \*4. All courses are subject to cancellation or schedule changes.
- \*5. 詢問電話 Contact #：**(408) 457-6976** FAX #：**(408)943-8420**



**Office use only**

報名日期： /  / 201\_\_ **不可抵稅** (僅收支票繳費) 收款人：

繳費日期： /  / 201\_\_ 學費： \$ check #：