APPLICATION for CTTB Youth Summer Program

Rea #

			-g
Student's Name	中文始	名	
FIRST LAST Gender (please circle) M F Present grade (grade during current academic year)			
性別 (請圈選) 男 女 年級			
Student's Home Address			
學生住址			
City State	Zip		Ot days Bloom
市 州	 郵遞區號		Student Photo
Home Phone ()			
電話			
Student's Date of Birth		Age	
出生日期	出生地	年齡	
T-shirt Size (circle one) Child/youth S			M L XL
,	IVI L AL	Addit 5	IVI L XL
社會安全卡號	Name of Emergence October	ot Darcan	
	Name of Emergency Contac	a Person	
緊急連絡電話	緊急連絡人		
Student lives with (circle one): Father			
	母親 雙親 其他		
Name of Student's School			
學生就讀學校			
School Address			
學校地址			
City State	Zip		
市 州	郵遞區號		
School Phone ()			
學校電話			
If you have attended the CTTB Youth Sumr	ner Program previously, please sta	te the year(s) of	f participation
你那一年參加過萬佛聖城少年夏令營?		to the year (e) e	
	·		
Family Information			
Parents' Name (Father)	(Mother)		
雙親姓名 (父親) FIRST	LAST (母親)		LAST
Parents' Religious Faith (Father)	(4 12 4)		
雙親宗教信仰 (父親)	(母親) (Mothor)		
Parents' Occupations (Father)			
雙親職業 (父親)	(母親)		
Business Phone (Father)			
雙親工作電話 (父親)	(母親)		
Parents' E-mail Address (Father)			
雙親電子信箱 (父親)	(母親)		
Siblings' Age			
兄弟姊妹之年齡			
Signature (Student)	•		
簽名 (學生)	(父母/監護人)		日期

Include on a separate sheet, a hand-written essay by the student as to why he/she wants to attend the Youth Summer Program. Please encourage the child to be frank and straightforward and to express his/her true feelings and aspirations in his/her own sentiments and words (100-500 words).

請學生另以紙張詳述欲參加夏令營之理由 (100 至 500 字)。

Student Information

- Please send application together with photo, essay, Consent Form, Medical Form, and nonrefundable Application fee of \$50. Please make check payable to <u>IG/DVS</u>. 報名費 \$50 美元。
- Deadline for Application: June 1. 報名截止日期: 6 月 1 日。