

雪隆海南会馆妇女团 & 乐龄组 联合主办

中华生物能医学气功健身班

Co-organized by: Women's Section & Seniors' Section of the Selangor & Federal Territory Hainan Association

Chinese Bio-Energy Medical Qigong Wellness Class

参加者报名表 **Participant Registration Form**

中文姓名 Chinese Name	
英文姓名 English Name	
性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
会员号码 (仅供会员填写) Membership No. (for members only)	
新身份证号码 New IC No.	
联络电话 Contact No.	手机 / Mobile: _____ 住家 / Home: _____
住家地址 Home Address	
紧急联系人姓名和电话 Emergency Contact (Name & Phone No.)	

参加者须知

Important Notes for Participants

1. 本活动旨在通过气功锻炼推广健康生活，参加者不得引入任何政治或宗教敏感议题。
This program aims to promote health through Qigong practice. Participants must not bring in any political or religious sensitive issues.
2. 练功时必须服从导师指导。
Participants must follow the instructions of the instructor during practice.
3. 仅限 16 岁及以上人士报名参加。
Only individuals aged 16 and above are eligible to register.
4. 练功时间为每周日早上 7:00 至 8:30。
Class time: Every Sunday, 7:00 am – 8:30 am.
5. 练功地点为雪隆海南会馆天后宫正门怡心园广场。
Venue: Yi Xin Garden Plaza, Main Entrance of Thean Hou Temple.
6. 如有任何疑问，请联络秘书处负责人黄宝福（电话：012-2819872）。
For inquiries, please contact Mr. Wong Poh Fook at 012-2819872.
7. 请严格遵守气功班相关条规。
All class regulations must be strictly followed.

本人 _____ 决定参加雪隆海南会馆妇女团与乐龄组联合主办的中华生物能医学气功健身班，并承诺遵守一切条规。
I, _____, hereby agree to participate in the Chinese Bio-Energy Medical Qigong Wellness Class co-organized by the

Women's and Seniors' Sections of the Selangor & Federal Territory Hainan Association. I pledge to comply with all rules and regulations.

签名 Signature: _____

日期 Date: _____