

# DRIGAR THUBTEN DARGYE LING

No. 15, Geylang Lor 29, #04-01, PTH Building (S)388069 | Tel: +65 63960960 | admin@drigar-dargyeling.com  
www.drigar-dargyeling.com

Name | 姓名: \_\_\_\_\_ Date | 日期: \_\_\_\_\_

Address | 地址: \_\_\_\_\_ Contact No. | 联络号码: \_\_\_\_\_

Email Address | 电邮: \_\_\_\_\_ Membership No. | 会员号码: \_\_\_\_\_

By submitting this application/registration form, I agree to give consent to "DRIGAR THUBTEN DARGYE LING" to collect, use and disclose my personal data provided for the purpose of event administration. (By ticking the checkbox "Yes", I agree to give consent to "DRIGAR THUBTEN DARGYE LING" to contact me via sms, phone and email for information relating to similar events.)  
在递交申请/报名表格的同时, 我同意授权“直噶如灯大吉林”收集、使用和透露我的个人资料, 以用于活动行政事务的目的。(勾选“同意”, 即我同意“直噶如灯大吉林”通过简讯、电话和电邮通知我中心活动相关信息。)

YES /同意  NO /不同意

LUNAR NEW YEAR CELEBRATION					
Name 姓名	Tsok \$5	Lamp \$5	Lamp \$10	Lamp \$15	Sub Total
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Payment Mode   付款方式</b>		<b>Receipt No. :</b>	<b>(For official use)</b>
<input type="checkbox"/> *CHEQUE 支票 _____ Bank & Cheque No. 银行与支票号码	<input type="checkbox"/> CASH 现金	<b>TOTAL AMOUNT :</b>	
*Crossed Cheque should be made payable to 付支票画双线并写明支付予 "DRIGAR THUBTEN DARGYE LING" Mail your cheque together with this form to: DTDL, No. 15, Geylang Lor 29, #04-01, PTH Building (S)388069 (Do not send cash)			
<input type="checkbox"/> FUND TRANSFER DATE 银行转移日期 _____ <b>DBS Auto-Save Account No.: 005-901628-7</b> After bank transfer, please email this form and Date of Transaction to admin@drigar-dargyeling.com & SMS to 91509305 / 94312842. If we do not receive your email within one week, we will classify the amount as "General Donation".	<input type="checkbox"/> Please mail me the receipt 请邮寄收据予我		

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YES / 同意  NO / 不同意

## Mahakala Dogpa & Achi Chokyi Drolma Obstacles Dispelling Puja

Registration for Obstacle Clearing Puja: Per name - \$15 / Per family name - \$25 / Per Company name - \$50

Name 姓名	Per name \$15	Per family name \$25	Per Co. name \$50	Sub Total
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Registration for 1. Food 2. Drinks 3. Flowers 4. Incense 5. Lamp at \$5 each or \$20 for whole set of 5 types of offering

Name 姓名	Food \$5	Drinks \$5	Flowers \$5	Incense \$5	Lamp \$5	Set \$20	Sub Total
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Payment Mode   付款方式</b>		<b>Receipt No. :</b>	(For official use)
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