Chung Tai Chan Monastery Guided Tour Reservation Form

Date of Application:

Name of Visiting Group:				Group Count (including tour guide):			
Date of Visit	Time Arrived at Monastery		Time Leaving Monastery		•	Length of Your Visit	
Name of Travel Age	nt Contact Pe		son Cell Phone		Cell Phone	e of Contact Person	
Name of Group Leader	and Jo	b Title:		•			
Group Category: □ Sch	ool F	Social Organiz	ation	ПΤ	our Group	□ Others	
Language Required:				Nationality:			
Contact Person:				Cell Phone			
Number of page attache	ed (Na	me List of Group):				
Remark:							
Fax: (049)2	930-836 Pho	ne for	Fax	c Confirma	ation: (049)2930-215	
Reservation Guidelines: 1. Reservation for a guide 2. Please fax the compositive Reception Office Reception Office at (incomplete without of the Staff Only)	leted I of Ch 886-4	Reservation Forn ung Tai Chan M 9) 2930-215 wit	n and onaste hin an	the rery. <i>A</i>	name list to After faxing for confirm	o (886-49) 2930-836, , please call the nation. A Reservation is	
		f who Confirmed S	Signatu	re:		Time of Confirmation:	