

香港曲棍球總會
九龍衛理道六號京士柏曲棍球場行政大廈一樓
HONG KONG HOCKEY ASSOCIATION
Administration Block, 1/F., King's Park Hockey Ground,
6 Wylie Road, Kowloon, Hong Kong.
電話 (Tel): (852) 2782-4932
傳真 (Fax): (852) 2384-0535
電郵 (Email): hkha@hockey.org.hk
網址 (Website): www.hockey.org.hk



本會為國際曲棍球協會，
亞洲曲棍球協會及
中國香港體育協會
暨奧林匹克委員會的屬會
Affiliated to the Federation Internationale de Hockey,
the Asian Hockey Federation and
the Sports Federation
and Olympic Committee of Hong Kong, China.

2010/2011青少年曲棍球推廣計劃--技術改進工作坊 Junior Hockey Promotion Scheme 10/11 - Hockey Skills Training Workshop

香港曲棍球總會主辦 — 康樂及文化事務署資助
Organized by Hong Kong Hockey Association & subvented by Leisure and Cultural Services Department

日期: 2011年8月22(一), 24(三), 26(五) & 29(一)日	Date: 22(Mon), 24(Wed), 26(Fri) & 29(Mon) August 2011
地點: 京士柏曲棍球場	Venue: King's Park Hockey Ground
時間: 10:30-14:00	Time: 10:30-14:00
名額: 20人 (由香港曲棍球總會作出最終決定)	Capacity: 20 People (Final selection by P & D Section)
費用: HK\$150	Fee: HK\$150
電話: 2782 4932	Tel: 2782 4932
傳真: 2384 0535	Fax: 2384 0535

備註: 學員可自備球棍、護脛及牙膠
Remarks: Participants can bring their own hockey stick, shin pads and mouth guard

報名: 請填妥報名表格(報名表可自行複印), 連同報名費以支票付款, 擡頭請寫 "Hong Kong Hockey Association - P & D Section"。
支票背後請寫上參加者姓名及聯絡電話, 寄回: 九龍衛理道二至六號, 京士柏曲棍球場, 行政大樓一樓,
香港曲棍球總會 (Mike Chan)收。

Entry: Please complete the application form below and mail it with a cheque payable to "Hong Kong Hockey Association - P & D Section".
And write the name and contact number on the back of the cheque to: Hong Kong Hockey Association (Mike Chan),
1/F, Administration Block, King's Park Hockey Ground, 6 Wylie Road, Kowloon.

你所提供的資料只用於曲棍球總會與合辦機構的康體活動報名事宜及活動宣傳之用。在遞交申請表後, 如欲更改或查詢你的個人資料, 可與本會職員聯絡。
The information provided by you will only be used for enrollment and promotion of recreation and sports activities organised by our Association and
co-organising parties. For correction of or access to personal data after submission of this form, please contact our staff.

報名表 / Application Form

姓名/ Name: _____ ()

電話/ Contact No: _____(日間/Day) _____(夜間/ Night)

電郵地址/ Email Address: _____

地址/ Post Address: _____

性別Gender: 男M / 女F 身高Height: (作分組用for grouping) _____厘米cm 年齡Age: _____

免責條款/Indemnity

本人明白及同意如在青少年曲棍球推廣計劃舉行場地中發生任何意外、受傷及財物損失, 香港曲棍球總會、其員工、教練及代表均不須負上責任。

I accept that the Hong Kong Hockey Association, its servants and employees, and the coaches will not be responsible for any liabilities whatsoever arising out of any accidents or injuries to players or to any other people or for loss or damages to any property anywhere within the hockey venues or in connection with the Junior Hockey Promotion Scheme.

家長或監護人姓名/Parents or Guardian's Name: _____

家長或監護人簽署/Parents or Guardian's Signature: _____

緊急聯絡電話/Emergency Contact No.: _____

參加者簽署/Applicant's Signature: _____ 日期/Date: _____