



15/16年度男子青少年曲棍球 - 六人賽 Boys Youth Tournament 15/16 - 6-a-side Tournament

康樂及文化事務署及香港曲棍球總會聯合主辦
Jointly organized by Leisure & Cultural Services Department and Hong Kong Hockey Association

日期:	2015年5月31日(星期日)	Date:	31 May 2015 (Sunday)
地點:	京士柏曲棍球場	Venue:	King's Park Hockey Ground
時間:	中午十二時半至下午六時	Time:	12:30 noon - 6:00 p.m.
費用:	免費	Fee:	Free
獎項:	冠亞季軍的球員均可得獎牌乙面	Prize:	Medals for the champion 1st runner up & 2nd runner up
報名:	填妥報名表傳真或寄回: 九龍衛理道六號京士柏 曲棍球場行政大樓一樓 或電郵到petercheung@hockey.org.hk	Entries:	Mail or fax the completed entry form to Administration Block, 1/F, King's Park Hockey Ground, 6 Wylie Road, Kowloon or email to petercheung@hockey.org.hk
電話:	2782 4932	Tel:	2782 4932
傳真:	2384 0535	Fax:	2384 0535

** 所有球員年齡必須介乎12-16歲

所有球員的出生日期必須為1998年1月1日至2002年1月1日之間

All player must be between 12 - 16 of age

The date-of-birth of all players should be in the range between 1 Jan 1998 and 1 Jan 2002 (inclusive both days)

你所提供的資料只用於本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 Association staff.

球會報名表 / Clubs Application Form

球隊名稱/ Team Name: _____

聯絡人姓名/Convenor's Name: _____ (_____)

聯絡人電話/Convenor's Contact No: _____ (D) _____ (N)

聯絡人電郵地址/Convenor's Email Address: _____

聯絡人地址/Convenor's Address: _____

本人同意及明白在附頁內的比賽細節 / I understand and agree the rules of the tournament stated in the attached page.

聯絡人簽署/Convenor's Signature: _____ 日期/Date: _____

備註 1: 所有球員必須在背後球員名單表上簽署免責聲明，否則本會有權取消參賽資格

Remark 1: All participants have to sign the declaration column of team list on next page. Otherwise, he/she may be disqualified.

備註 2: 閣下所提供的資料只用於所舉辦的上述活動報名及宣傳之用。

在遞交申請表後，如欲更改或查詢閣下申報的個人資料，可與本會職員聯絡。

Remark 2: All the information that you provide for us is use for the above event. If you have any query, please feel free to contact our staff.