

報名表格

Application Form

香港中區堅尼地道7A香港視覺藝術中心 Hong Kong Visual Arts Centre, 7A Kennedy Road, Central, Hong Kong
 電話 Tel : 2521 3008
 傳真 Fax : 2501 4703
 電郵 Email : apo@lcsd.gov.hk

第一部分：個人資料 Part I : Personal Particulars

姓名 Name

性別 Sex

年齡 Age

電話 Tel (日 Day)

(夜 Night)

傳真 Fax

電郵 Email

通訊地址 Address

第二部分：兒童 / 親子工作坊 Part II : Children / Family Workshop

兒童姓名 Name

性別 Sex

年齡 Age

與申請人之關係 Relationship with the Applicant

第四部分：(若參加者年齡不足18歲，必須由家長或監護人填寫此欄) Part IV : (Parent/Guardian should finish this part for participant under the age of 18)

本人 同意敝子女參與上述活動。
 I _____ agree my child to attend the activity mentioned above.
 (姓名，請用正楷 Name, in Block Letters)

第五部分：申請收費優惠 † Part V : Apply for Discount †

本人申請 半價 / 九折* 收費優惠，並已夾附證明文件。
 I apply for 50% / 10%* discount with the enclosed document. *請刪去不適用者 Please delete as appropriate.

申請人簽署 Signature

日期 Date

備註 Notes :

閣下於表格內所提供的個人資料將會存檔於本中心作紀錄。根據個人資料(私隱)條例第十八、二十二及附表一載列的第六原則，閣下有權要求查閱及更正申請表格內所提供的個人資料。若有任何有關該表格所收集的資料，包括查閱及更正資料，請聯絡藝術推廣辦事處行政組，地址：香港中區堅尼地道7A，電話：2521 3008。

The personal data you provided by means of this form will enter the record of the centre. You have the right to request access to and to request the correction of personal data as stated in this form in accordance with Section 18, 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance. Enquiries concerning the personal data collected by means of this form, including the request for access and corrections, should be addressed to: The Administration Team, Art Promotion Office, 7A Kennedy Road, Central, Hong Kong. Tel: 2521 3008.

† 收費優惠詳見頁40 • Please refer to page 41 for notes of discount.