2008 Bun Carnival – Bun Scrambling Competition
— Enrolment Form –

Jointly Presented by

Hong Kong Cheung Chau Bun Festival Committee
Leisure and Cultural Services Department

In Association with

Cheung Chau Wai Chiu County Association Limited
Cheung Chau Rural Committee
Hong Kong Mountaineering Union
Island District Office of the Home Affairs Department

Sponsored by

Islands District Council
3D-GOLD Jewellery

Notes on Personal Data:

(1) The personal data provided by you will only be used for processing your application, statistics purposes, future contact and promotion of activities. Your personal data will not be provided to parties other than the authorized staff of the Organisers. For correction of or access to the personal data you declare, please contact the staff of the Islands District Leisure Services Office of the Leisure and Cultural Services Department.

(2) It is obligatory for you to provide the personal data required in this form. If you fail to provide the required information, the Organisers may not be able to process your application.

(3) Applicants must produce their identity documents (originals or photocopies) for verification of eligibility at enrolment.

Name: (Chinese) _____

(English) _____

Sex: _____ HKID No.: _____ ( ) Year of Birth: _____ Age: _____

Address: _____

_____

Contact Tel. No. (Day) _____ (Night) _____ (Mobile) _____

(In case of emergency during the activity, please call _____(name) at _____ (tel. no.).)

I, _____ (name of applicant) declare that:

(1) ☐ I live, work or study in Cheung Chau. ☐ I do not live, work or study in Cheung Chau.

(2) All the information provided by me in the enrolment form is true and I meet the entry requirements stipulated by the Organisers.

(3) I am healthy and physically fit for participating in the above activity. I am willing to abide by the rules of the Competition and the adjudication of the Organisers, and understand that the activity may be dangerous. The Organisers shall not be liable for any injury or death which I may sustain in this activity if such injury or death is caused by my own negligence or inadequacy in health or fitness.

Signature: _____ Date: _____

(Leave the address blank if you have given your fax number)

Name: _____
Fax No./Address: _____
_____

Name: _____
Fax No./Address: _____
_____