

二零一六年香港花卉展览赛马会学童绘画比赛参加表格 Entry Form for Jockey Club Student Drawing Competition, Hong Kong Flower Show 2016

致：九龙佐敦宝灵街 17 号官涌市政大厦 6 楼官涌体育馆「二零一六年香港花卉展览相应活动小组主席」
To: Chairman of Fringe Activities Sub-committee, Hong Kong Flower Show 2016
Kwun Chung Sports Centre, 6/F, Kwun Chung Municipal Services Building, 17 Bowring Street, Jordan, Kowloon

查询电话 Enquiry Tel.: 2302 1268

传真号码 Fax No.: 2314 2205

学校名称 Name of School	
(中文 Chinese)	(英文 English)
电话 Tel. No.	传真 Fax No.
地址 Address	
组别 Section : (请在适当处加"√"号。Please put a "√" where appropriate.)	
小学组 Primary School Section	- A 组: 小一至小三 Section A: Primary One to Primary Three <input type="checkbox"/>
	- B 组: 小四至小六 Section B: Primary Four to Primary Six <input type="checkbox"/>
中学组 Secondary School Section	- C 组: 中一至中三 Section C: Form One to Form Three <input type="checkbox"/>
	- D 组: 中四至中六 Section D: Form Four to Form Six <input type="checkbox"/>
负责教师 Teacher in Charge : (1)	(2)

编号 No.	学生姓名 Name of Student		组别 Section (请于适当处加"√"号。) (Please put a "√" where appropriate.)			
	(中文 Chinese)	(英文 English)	A	B	C	D
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

校长 姓名/签署 Name/Signature of Principal : _____

学校盖章 School Chop : _____

日期 Date : _____

注： 请将填妥的参加表格连同回邮信封寄回上述地址。

Note Please mail the duly completed entry form together with a stamped self-addressed envelope to the address as stated above.

负责教师姓名 Teacher in charge: _____	回 邮 地 址	负责教师姓名 Teacher in charge: _____
地址 Address: _____		地址 Address: _____
_____		_____

附注：参赛者所提供的个人资料及其他资料，只作报名、统计、联络及宣传用途。参赛者如要更改或查阅所申报的个人资料及其他数据，请与二零一六年香港花卉展览相应活动小组联络（电话：2302 1268）

Note: The personal data and information provided by entrants will be used for the purposes of enrollment, statistical use, correspondence and publicity only. If any entrant wishes to amend or retrieve the personal data and information submitted, please contact the Fringe Activities Sub-committee, Hong Kong Flower Show 2016 on 2302 1268.