



Masters Games 2016 - Tennis Competition

- Enrolment Form for Singles Event -

For Office Use (Restricted)	
No.	

Division & Event : Please tick (✓) to indicate your choice. Each applicant may enrol in a maximum of one singles event and one doubles event.

Activity No.	Men's Singles	Activity No.	Women's Singles
4043 2375	<input type="checkbox"/> A Grade (Aged 60 or above)	4043 2381	<input type="checkbox"/> A Grade (Aged 55 or above)
4043 2376	<input type="checkbox"/> B Grade (Aged 55 - 59)	4043 2382	<input type="checkbox"/> B Grade (Aged 50 - 54)
4043 2377	<input type="checkbox"/> C Grade (Aged 50 - 54)	4043 2383	<input type="checkbox"/> C Grade (Aged 45 - 49)
4043 2378	<input type="checkbox"/> D Grade (Aged 45 - 49)	4043 2384	<input type="checkbox"/> D Grade (Aged 40 - 44)
4043 2379	<input type="checkbox"/> E Grade (Aged 40 - 44)	4043 2385	<input type="checkbox"/> E Grade (Aged 35 - 39)
4043 2380	<input type="checkbox"/> F Grade (Aged 35 - 39)		

Personal Particulars of Applicant (Please fill in the fields marked with *. Otherwise, your application will not be entertained. Please consider whether the consent of the emergency contact person should be obtained before providing his/her name and contact number.)

*Name : (Chinese) _____ (English) _____
 (Should be the same as the one shown on the identity document)

Chinese Code (if any) : *Gender : Male Female

*Date of Birth : (Day) (Month) (Year) *No. of Identity Document : _____

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

Emergency Contact Person : _____ Emergency Contact Person's Tel. No. : _____

*Address / Fax No. / E-mail Address : _____

- 【Declaration】 :**
- (1) I/Applicant declare(s) that the information provided in the enrolment form is true and correct and I/applicant am/is eligible for the competition according to the rules set by the Organiser. I/applicant understand that if false information is provided, I/applicant will be immediately disqualified with all the results cancelled. Enrolment fee will not be refunded.
 - (2) I/Applicant declare(s) that I/applicant have/has studied the prospectus and agree the related terms and conditions.
 - (3) I/Applicant declare(s) that I/applicant am/is healthy and physically fit to participate in this competition. The Leisure and Cultural Services Department shall not be liable for any injuries or death which the applicant may sustain in the competition due to my/his/her own negligence, ill health or poor physical condition.
 - (4) I/Applicant already noted the requirement that I have to assist the Organiser to serve as umpire in the preliminary round competitions.
 - (5) If I/Applicant am/is found to be impostor in the competition, my/his/her result(s) and award(s) in the competition will be cancelled. Enrolment fee will not be refunded.

Signature of Participant : _____ Date : _____

- Note :
- (1) The information provided by you will only be used for enrolment, statistical reviews, future contact purpose and opinion survey. Only those who are authorized by the LCSD will have access to such information for the aforesaid purposes. For correction of or access to personal data collected by means of this form, please contact staff of the Major Events Section of the LCSD.
 - (2) The personal data provided by you will be destroyed within 3 months after the completion of the 'Masters Games 2016 – Tennis Competition'.

LCSD's Acknowledge Slip

Your enrolment form for participating in the Tennis Competition of the Masters Games 2016 has been received. Successful applicants and applicants on the waiting list will be notified of the payment details in writing. If you do not receive the notification letter when the deadline for payment is about to expire, please check with us as soon as possible.

Enquiries: **2601 7672**

For Office Use	
No.:	
Date:	
Chop of the District/Venue:	

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Major Events Section
Leisure and Cultural Services Department
2/F, Leisure and Cultural Services Headquarters,
1 – 3 Pai Tau Street, Sha Tin,
New Territories



Masters Games 2016 — Tennis Competition



Organised by Leisure and Cultural Services Department

Masters Games 2016 - Tennis Competition

- Enrolment Form for Doubles Event -

For Office Use (Restricted)	
No.	_____

Division & Event: Please tick (✓) to indicate your choice. Each applicant may enrol in a maximum of one singles event and one doubles event.

Activity No.	Men's Doubles	Activity No.	Women's Doubles	Activity No.	Mixed Doubles
4043 2386	<input type="checkbox"/> A Grade (Aged 55 or above)	4043 2389	<input type="checkbox"/> A Grade (Aged 50 or above)	4043 2391	<input type="checkbox"/> A Grade (Aged 50 or above)
4043 2387	<input type="checkbox"/> B Grade (Aged 45 or above)	4043 2390	<input type="checkbox"/> B Grade (Aged 35 or above)	4043 2392	<input type="checkbox"/> B Grade (Aged 35 or above)
4043 2388	<input type="checkbox"/> C Grade (Aged 35 or above)				

Personal Particulars of Applicant (Please fill in the fields marked with *. Otherwise, your application will not be entertained. Please consider whether the consent of the emergency contact person should be obtained before providing his/her name and contact number.)

Team Member (1):

*Name : _____ (Chinese) _____ (English)
(Should be the same as the one shown on the identity document)

Chinese Code: (if any) _____

*Date of Birth : _____ (Day) _____ (Month) _____ (Year)

*No. of Identity Document : _____ *Gender : Male Female

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

Emergency Contact Person : _____

Emergency Contact Person's Tel. No. : _____

*Address / Fax No./ E-mail Address: _____

Team Member (2):

*Name : _____ (Chinese) _____ (English)
(Should be the same as the one shown on the identity document)

Chinese Code: (if any) _____

*Date of Birth : _____ (Day) _____ (Month) _____ (Year)

*No. of Identity Document: _____ *Gender : Male Female

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

Emergency Contact Person : _____

Emergency Contact Person's Tel. No. : _____

*Address / Fax No./ E-mail Address: _____

【Declaration】 :

- (1) I/Applicant declare(s) that the information provided in the enrolment form is true and correct and I/applicant am/is eligible for the competition according to the rules set by the Organiser. I/applicant understand that if false information is provided, I/applicant will be immediately disqualified with all the results cancelled. Enrolment fee will not be refunded.
- (2) I/Applicant declare(s) that I/applicant have/has studied the prospectus and agree the related terms and conditions.
- (3) I/Applicant declare(s) that I/applicant am/is healthy and physically fit to participate in this competition. The Leisure and Cultural Services Department shall not be liable for any injuries or death which the applicant may sustain in the competition due to my/his/her own negligence, ill health or poor physical condition.
- (4) I/Applicant already noted the requirement that I have to assist the Organiser to serve as umpire in the preliminary round competitions.
- (5) If I/Applicant am/is found to be impostor in the competition, my/his/her result(s) and award(s) in the competition will be cancelled. Enrolment fee will not be refunded.

Signature of Team Member (1) : _____

Signature of Team Member (2) : _____

Date : _____

Date : _____

- Note :
- (1) The information provided by you will only be used for enrolment, statistical reviews, future contact purpose and opinion survey. Only those who are authorized by the LCSD will have access to such information for the aforesaid purposes. For correction of or access to personal data collected by means of this form, please contact staff of the Major Events Section of the LCSD.
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