

# Masters Games 2018 – Table Tennis Competition

## ~ Enrolment Form for Singles Events ~

**Division and Event:** Please put a “✓” in the appropriate box. Each applicant may enter **a maximum of 1 singles event and 1 doubles event.**

Programme No.	Men's Singles	Programme No.	Women's Singles
4051 4747	<input type="checkbox"/> A Grade (Aged 70 or above)	4051 4755	<input type="checkbox"/> A Grade (Aged 70 or above)
4051 4748	<input type="checkbox"/> B Grade (Aged 65 - 69)	4051 4756	<input type="checkbox"/> B Grade (Aged 65 - 69)
4051 4749	<input type="checkbox"/> C Grade (Aged 60 - 64)	4051 4757	<input type="checkbox"/> C Grade (Aged 60 - 64)
4051 4750	<input type="checkbox"/> D Grade (Aged 55 - 59)	4051 4758	<input type="checkbox"/> D Grade (Aged 55 - 59)
4051 4751	<input type="checkbox"/> E Grade (Aged 50 - 54)	4051 4759	<input type="checkbox"/> E Grade (Aged 50 - 54)
4051 4752	<input type="checkbox"/> F Grade (Aged 45 - 49)	4051 4760	<input type="checkbox"/> F Grade (Aged 45 - 49)
4051 4753	<input type="checkbox"/> G Grade (Aged 40 - 44)	4051 4761	<input type="checkbox"/> G Grade (Aged 40 - 44)
4051 4754	<input type="checkbox"/> H Grade (Aged 35 - 39)	4051 4762	<input type="checkbox"/> H Grade (Aged 35 - 39)

**Personal Data of Participant:** Fields marked with “\*” are mandatory and must be completed. Otherwise, your application will not be accepted. Please consider whether prior consent of the person for emergency contact should be obtained before entering his/her name and telephone number.

\* Name: (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

Chinese Code (if any)           (As shown on the identity document) \* Gender: ☐ Male ☐ Female

\* Date of Birth:       \* Age \_\_\_\_\_ \* Identity Document No.: \_\_\_\_\_  
(Day) (Month) (Year)

\* Contact Tel. No.: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Mobile) \_\_\_\_\_

\* Person for Emergency Contact: \_\_\_\_\_ \* Tel. No. of Person for Emergency Contact: \_\_\_\_\_

\* E-mail Address/Address/Fax No.: \_\_\_\_\_

- Declaration:**
- (1) All the information provided in this form is true and correct and I am eligible for the competition according to the rules set by the Organiser. I understand that if false information is provided, I will be immediately disqualified with all my results cancelled. The enrolment fee paid will not be refunded.
  - (2) I have read the competition prospectus and agreed to abide by the rules and regulations.
  - (3) I am healthy and physically fit to participate in this competition. The Organiser shall not be liable for any injury or death which I may suffer in the competition if the cause of injury or death is due to my own negligence or inadequacy in health or fitness.
  - (4) I know that I am required to assist the Organiser in serving as a referee/umpire in the preliminary rounds.
  - (5) I understand that if any person is found playing under my name, all the results and award(s) obtained by me in the event concerned will be cancelled.

\*Signature of Participant: \_\_\_\_\_ \*Date: \_\_\_\_\_

**Note:** The information you have provided will only be used for the purposes of enrolment, compilation of statistics, future contact and opinion survey. Only the staff authorised by the Organiser will be given access to the information for the aforesaid purposes. For correction of or access to the personal data after submission of enrolment form, please contact staff of the Organiser.

### Acknowledge Slip of the Organiser

Your enrolment form for the “Masters Games 2018 – Table Tennis Competition” has been received. Both successful and waiting list applicants will be notified of the payment arrangements in writing. If you do not receive a notification letter when the payment period is about to end, please contact the Organiser immediately.

Enquiries: 2601 7672

### For Office Use Only

No.: \_\_\_\_\_

Date: \_\_\_\_\_

Chop of the District / Venue

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Major Events Section

2/F, Leisure and Cultural Services Headquarters

1-3 Pai Tau Street, Sha Tin, New Territories

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**Masters Games 2018 – Table Tennis Competition**

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# Masters Games 2018 – Table Tennis Competition

## Enrolment Form for Doubles Events ~

**Division and Event:** Please put a “✓” in the appropriate box. Each applicant may enter **a maximum of 1 singles event and 1 doubles event.**

Programme No.	Men's Doubles	Programme No.	Women's Doubles	Programme No.	Mixed Doubles
4051 4763	<input type="checkbox"/> A Grade (Aged 55 or above)	4051 4766	<input type="checkbox"/> A Grade (Aged 50 or above)	4051 4768	<input type="checkbox"/> A Grade (Aged 50 or above)
4051 4764	<input type="checkbox"/> B Grade (Aged 45 or above)	4051 4767	<input type="checkbox"/> B Grade (Aged 35 or above)	4051 4769	<input type="checkbox"/> B Grade (Aged 35 or above)
4051 4765	<input type="checkbox"/> C Grade (Aged 35 or above)				

**Personal Data of Participant:** Fields marked with “\*” are mandatory and must be completed. Otherwise, your application will not be accepted. Please consider whether prior consent of the person for emergency contact should be obtained before entering his/her name and telephone number.

**Team Member (1):** \* Name (As shown on the identity document): (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

Chinese Code (if any) 

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 \* Gender: ☐ Male ☐ Female

\* Date of Birth: 

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 \* Age \_\_\_\_\_ \* Identity Document No.: \_\_\_\_\_  
(Day) (Month) (Year)

\* Contact Tel. No.: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Mobile) \_\_\_\_\_

\* Person for Emergency Contact: \_\_\_\_\_ \* Tel. No. of Person for Emergency Contact: \_\_\_\_\_

\* E-mail Address/Address/Fax No.: \_\_\_\_\_

**Team Member (2):** \* Name (As shown on the identity document): (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

Chinese Code (if any) 

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 \* Gender: ☐ Male ☐ Female

\* Date of Birth: 

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 \* Age \_\_\_\_\_ \* Identity Document No.: \_\_\_\_\_  
(Day) (Month) (Year)

\* Contact Tel. No.: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Mobile) \_\_\_\_\_

\* Person for Emergency Contact: \_\_\_\_\_ \* Tel. No. of Person for Emergency Contact: \_\_\_\_\_

\* E-mail Address/Address/Fax No.: \_\_\_\_\_

- Declaration:**
- (1) All the information provided in this form is true and correct and I am eligible for the competition according to the rules set by the Organiser. I understand that if false information is provided, I will be immediately disqualified with all my results cancelled. The enrolment fee paid will not be refunded.
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  - (4) I know that I am required to assist the Organiser in serving as a referee/umpire in the preliminary rounds.
  - (5) I understand that if any person is found playing under my name, all the results and award(s) obtained by me in the event concerned will be cancelled.

\*Signature of Team Member (1): \_\_\_\_\_

\*Signature of Team Member (2): \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Date: \_\_\_\_\_

Note: The information you have provided will only be used for the purposes of enrolment, compilation of statistics, future contact and opinion survey. Only the staff authorised by the Organiser will be given access to the information for the aforesaid purposes. For correction of or access to the personal data after submission of enrolment form, please contact staff of the Organiser.

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