

Masters Games 2018 - Tennis Competition

~ Enrolment Form for Singles Events ~

For Office Use Only (Restricted)

No: _____

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
4049 9079	<input type="checkbox"/> A Grade (Aged 65 or above)	4049 9080	<input type="checkbox"/> A Grade (Aged 60 or above)
4049 8491	<input type="checkbox"/> B Grade (Aged 60 - 64)	4049 8497	<input type="checkbox"/> B Grade (Aged 55 - 59)
4049 8492	<input type="checkbox"/> C Grade (Aged 55 - 59)	4049 8498	<input type="checkbox"/> C Grade (Aged 50 - 54)
4049 8493	<input type="checkbox"/> D Grade (Aged 50 - 54)	4049 8499	<input type="checkbox"/> D Grade (Aged 45 - 49)
4049 8494	<input type="checkbox"/> E Grade (Aged 45 - 49)	4049 8500	<input type="checkbox"/> E Grade (Aged 40 - 44)
4049 8495	<input type="checkbox"/> F Grade (Aged 40 - 44)	4049 8501	<input type="checkbox"/> F Grade (Aged 35 - 39)
4049 8496	<input type="checkbox"/> G 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 - 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

Major Events Section

2/F, Leisure and Cultural Services Headquarters

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

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~ Enrolment Form for Doubles Events ~

For Office Use Only (Restricted)

No: _____

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
4049 8502	<input type="checkbox"/> A Grade (Aged 55 or above)	4049 8505	<input type="checkbox"/> A Grade (Aged 55 or above)	4049 8507	<input type="checkbox"/> A Grade (Aged 55 or above)
4049 8503	<input type="checkbox"/> B Grade (Aged 45 or above)	4049 8506	<input type="checkbox"/> B Grade (Aged 45 or above)	4049 8508	<input type="checkbox"/> B Grade (Aged 45 or above)
4049 8504	<input type="checkbox"/> C Grade (Aged 35 or above)	4049 9081	<input type="checkbox"/> C Grade (Aged 35 or above)	4049 9082	<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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