

Masters Games 2023 - Badminton Competition

~ Enrolment Form for Singles Event ~

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

Programme No.	Men's Singles	Programme No.	Women's Singles
4066 0554	<input type="checkbox"/> A Grade (Aged 65 or above)	4066 0567	<input type="checkbox"/> A Grade (Aged 60 or above)
4066 0557	<input type="checkbox"/> B Grade (Aged 60 - 64)	4066 0568	<input type="checkbox"/> B Grade (Aged 55 - 59)
4066 0558	<input type="checkbox"/> C Grade (Aged 55 - 59)	4066 0569	<input type="checkbox"/> C Grade (Aged 50 - 54)
4066 0560	<input type="checkbox"/> D Grade (Aged 50 - 54)	4066 0570	<input type="checkbox"/> D Grade (Aged 45 - 49)
4066 0562	<input type="checkbox"/> E Grade (Aged 45 - 49)	4066 0572	<input type="checkbox"/> E Grade (Aged 40 - 44)
4066 0564	<input type="checkbox"/> F Grade (Aged 40 - 44)	4066 0573	<input type="checkbox"/> F Grade (Aged 35 - 39)
4066 0565	<input type="checkbox"/> G Grade (Aged 35 - 39)		

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

* Name: (Chinese) _____ (English) _____
(As shown on the identity document)

Chinese Code: * Gender: Male Female

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

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

* Emergency Contact Person: _____ * Tel. No. of Emergency Contact Person: _____

* 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. I understand that if false information is provided, I will be immediately disqualified with all my results invalidated. The enrolment fee paid will not be refunded.
 - (2) I have read the competition prospectus and agree to abide by the rules and regulations.
 - (3) I am healthy and physically fit to participate in this competition.
 - (4) I understand that if any person is found participating in the competition under my name, all the results and award(s) attained by me in the event concerned will be invalidated.

*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 the enrolment form, please contact staff of the Organiser.

Acknowledgement Slip of the Organiser

Your enrolment form for the “Masters Games 2023 - Badminton Competition” has been received. Both successful and waitlisted applicants will be notified of the fee 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 7673

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

Masters Games 2023 - Badminton Competition

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~ Enrolment Form for Doubles Event ~

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

Programme No.	Men's Doubles	Programme No.	Women's Doubles	Programme No.	Mixed Doubles
4066 0574	<input type="checkbox"/> A Grade (Aged 55 or above)	4066 0580	<input type="checkbox"/> A Grade (Aged 55 or above)	4066 0586	<input type="checkbox"/> A Grade (Aged 55 or above)
4066 0576	<input type="checkbox"/> B Grade (Aged 50 or above)	4066 0581	<input type="checkbox"/> B Grade (Aged 50 or above)	4066 0587	<input type="checkbox"/> B Grade (Aged 50 or above)
4066 0577	<input type="checkbox"/> C Grade (Aged 45 or above)	4066 0582	<input type="checkbox"/> C Grade (Aged 45 or above)	4066 0589	<input type="checkbox"/> C Grade (Aged 45 or above)
4066 0578	<input type="checkbox"/> D Grade (Aged 40 or above)	4066 0584	<input type="checkbox"/> D Grade (Aged 40 or above)	4066 0590	<input type="checkbox"/> D Grade (Aged 40 or above)
4066 0579	<input type="checkbox"/> E Grade (Aged 35 or above)	4066 0585	<input type="checkbox"/> E Grade (Aged 35 or above)	4066 0591	<input type="checkbox"/> E Grade (Aged 35 or above)

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

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

Chinese Code:

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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) _____

* Emergency Contact Person: _____ * Tel. No. of Emergency Contact Person: _____

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

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

Chinese Code:

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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. I understand that if false information is provided, I will be immediately disqualified with all my results invalidated. The enrolment fee paid will not be refunded.
 - (2) I have read the competition prospectus and agree to abide by the rules and regulations.
 - (3) I am healthy and physically fit to participate in this competition.
 - (4) I understand that if any person is found participating in the competition under my name, all the results and award(s) attained by me in the event concerned will be invalidated.

*Signature of Team Member 1: _____

Date: _____

*Signature of Team Member 2: _____

Date: _____

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