



For Office	ee Use Only (Restricted)
No.	

Masters Games 2023 — Distance Run Competition

~ Enrolment Form ~ (Programme Number: 4066 0216)

A Grade (Aged 65 or above) A Grade (Aged 65 or above) B Grade (Aged 60 - 64) B Grade (Aged 60 - 64) C Grade (Aged 55 - 59) C Grade (Aged 55 - 59) D Grade (Aged 55 - 59) D Grade (Aged 55 - 59) E Grade (Aged 50 - 54) D Grade (Aged 50 - 54) F Grade (Aged 40 - 44) F Grade (Aged 40 - 44) F Grade (Aged 40 - 44) F Grade (Aged 40 - 44) G Grade (Aged 35 - 39) 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 elephone number. *Name: *(Chinese)				Me	n's												,	Wom	en's			
C Grade (Aged 55 - 59)			A G	rade	(Aged	65 or	abov	e)									A	Grade	e (Aged	65 or a	above)
D Grade (Aged 50 - 54) B Grade (Aged 45 - 49) B Grade (Aged 45 - 49) G Grade (Aged 45 - 49) G Grade (Aged 40 - 44) 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 coepted. Please consider whether prior consent of the emergency contact person should be obtained before putting down his/her name and elephone number. "Name: "(Chinese) (As shown on the identity document) Chinese Code (if any): (As shown on the identity document) Chinese Code (if any): (Day) (Month) (Year) *Age: "Identity Document No.: "Emergency Contact Person: *Tel. No. of Emergency Contact Person: *Tel. No. of Emergency Contact Person: *Fe-mail Address/Address/Fax No.: Declaration: (1) All the information provided, I will be immediately disqualified with all my results invalidated. The enrolment fee will not be refunded. (2) I have reaf funded. (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: Stores: The information you have provided will only be used for the purposes of enrolment, compilation of statistics, future contact and survey. Only the staff authorised by the Organiser will be given access to the information for the aforesaid purposes. For correor or access to the personal data after submission of the enrolment form, please contact the Organiser. For Office Use On No: Date: Date: Date: For Office Use On No: Date: Date: Date: Date: For Office Use On No: Date: Da			ВG	rade	(Aged	60-64	.)										В	Grade	e (Aged	60 - 64	4)	
E Grade (Aged 45 - 49)			C G	rade	(Aged	55 - 5	9)										С	Grade	(Aged	55 - 59	9)	
F Grade (Aged 40 - 44)			D G	rade	(Aged	50 - 5	(4)										D	Grade	e (Aged	50 - 54	4)	
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 excepted. Please consider whether prior consent of the emergency contact person should be obtained before putting down his/her name and elephone number. Name: *(Chinese)			E G	rade ((Aged	45 - 4	9)										E	Grade	(Aged	45 - 49	9)	
Personal Data of Participant: Fields marked with * are mandatory and must be completed/signed. Otherwise, your application will not be eccepted. Please consider whether prior consent of the emergency contact person should be obtained before putting down his/her name and slephone number. Name: *(Chinese)			F G	ade (Aged	40 - 4	4)										F	Grade	(Aged	40 - 44	ł)	
#Emergency Contact Person: *Tel. No. of Emergency Contact Person: *Enail Address/Fax No.: *Enail Address/Fax No.: *Celaration: (1) All the information provided in this form is true and correct and I am eligible for the competition. I understand that false information is provided, I will be immediately disqualified with all my results invalidated. The enrolment fee 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 given access to the information of the aforesaid purposes. For correct or access to the personal data after submission of the enrolment form, please contact the Organiser. **Contact Tel. No.: (1) All the information provided in this form is true and correct and I am eligible for the competition. I understand that if alse information is provided, I will be immediately disqualified with all my results invalidated. The enrolment fee 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 under my name, all the results and award(s attained by me in the event concerned will be invalidated. *Signature of Participant: Date: The information you have provided will only be used for the purposes of enrolment, compilation of statistics, future contact and survey. Only the staff authorised by the Organiser will be given access to the information for the aforesaid purposes. For correct or access to the personal data after submission of the enrolment form, please contact the Organiser. **Acknowledgement Slip of the Organiser** Your enrolment form for the "Masters Games 2023 — Distance Run Competition" has been received. Both Date: Date: Date: The information you have provid			G G	rade	(Aged	35 - 3	9)										G	Grade	e (Aged	35 - 39	9)	
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*Contact Tel. No.: (Day) (Month) (Year) *Contact Tel. No.: (Day) (Night) *(Mobile) *Emergency Contact Person:	Chinese Code (if	any):																*(Gender:	ΠМ	ale	□Female
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E-mail Address/Address/Fax No.: celaration: (1) All the information provided in this form is true and correct and I am eligible for the competition. I understand that false information is provided, I will be immediately disqualified with all my results invalidated. The enrolment fee 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: Otes: The information you have provided will only be used for the purposes of enrolment, compilation of statistics, future contact and survey. Only the staff authorised by the Organiser will be given access to the information for the aforesaid purposes. For correct or access to the personal data after submission of the enrolment form, please contact the Organiser. For Office Use On No.: Date: Date: Date:			(Day	7)	(Mont	n)			(Year	.)											
* Tel. No. of 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 false information is provided, I will be immediately disqualified with all my results invalidated. The enrolment fee 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: Date:																						
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Enquiries telephone no.: 2601 7673

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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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