

For Office Use Only (Restricted)	
No:	

Masters Games 2023 – Table Tennis 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 0436	<input type="checkbox"/> A Grade (Aged 70 or above)	4066 0456	<input type="checkbox"/> A Grade (Aged 70 or above)
4066 0437	<input type="checkbox"/> B Grade (Aged 65 - 69)	4066 0457	<input type="checkbox"/> B Grade (Aged 65 - 69)
4066 0440	<input type="checkbox"/> C Grade (Aged 60 - 64)	4066 0458	<input type="checkbox"/> C Grade (Aged 60 - 64)
4066 0441	<input type="checkbox"/> D Grade (Aged 55 - 59)	4066 0459	<input type="checkbox"/> D Grade (Aged 55 - 59)
4066 0448	<input type="checkbox"/> E Grade (Aged 50 - 54)	4066 0460	<input type="checkbox"/> E Grade (Aged 50 - 54)
4066 0451	<input type="checkbox"/> F Grade (Aged 45 - 49)	4066 0461	<input type="checkbox"/> F Grade (Aged 45 - 49)
4066 0453	<input type="checkbox"/> G Grade (Aged 40 - 44)	4066 0462	<input type="checkbox"/> G Grade (Aged 40 - 44)
4066 0454	<input type="checkbox"/> H Grade (Aged 35 - 39)	4066 0463	<input type="checkbox"/> H 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 (if any): * 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 – Table Tennis 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

Affix
Stamp
Here

Masters Games 2023 – Table Tennis Competition

For Office Use Only (Restricted)	
No:	

Masters Games 2023 – Table Tennis Competition

~ 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 0464	<input type="checkbox"/> A Grade (Aged 55 or above)	4066 0467	<input type="checkbox"/> A Grade (Aged 50 or above)	4066 0469	<input type="checkbox"/> A Grade (Aged 50 or above)
4066 0465	<input type="checkbox"/> B Grade (Aged 45 or above)	4066 0468	<input type="checkbox"/> B Grade (Aged 35 or above)	4066 0470	<input type="checkbox"/> B Grade (Aged 35 or above)
4066 0466	<input type="checkbox"/> C 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 (if any): * 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.: _____

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

Chinese Code (if any): * 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. 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: _____

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

Acknowledgement Slip of the Organiser

Your enrolment form for the “Masters Games 2023 – Table Tennis 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

Affix
Stamp
Here

Masters Games 2023 - Table Tennis Competition
