

Masters Games 2023 - Tennis Competition

~ Enrolment Form for Singles Event ~

For Office Use Only (Restricted)

No: _____

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 0472	<input type="checkbox"/> A Grade (Aged 65 or above)	4066 0481	<input type="checkbox"/> A Grade (Aged 60 or above)
4066 0473	<input type="checkbox"/> B Grade (Aged 60 - 64)	4066 0482	<input type="checkbox"/> B Grade (Aged 55 - 59)
4066 0475	<input type="checkbox"/> C Grade (Aged 55 - 59)	4066 0484	<input type="checkbox"/> C Grade (Aged 50 - 54)
4066 0476	<input type="checkbox"/> D Grade (Aged 50 - 54)	4066 0485	<input type="checkbox"/> D Grade (Aged 45 - 49)
4066 0477	<input type="checkbox"/> E Grade (Aged 45 - 49)	4066 0486	<input type="checkbox"/> E Grade (Aged 40 - 44)
4066 0479	<input type="checkbox"/> F Grade (Aged 40 - 44)	4066 0488	<input type="checkbox"/> F Grade (Aged 35 - 39)
4066 0480	<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 (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 - 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

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~ Enrolment Form for Doubles Event ~

For Office Use Only (Restricted)	
No:	

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 0490	<input type="checkbox"/> A Grade (Aged 55 or above)	4066 0493	<input type="checkbox"/> A Grade (Aged 55 or above)	4066 0496	<input type="checkbox"/> A Grade (Aged 55 or above)
4066 0491	<input type="checkbox"/> B Grade (Aged 45 or above)	4066 0494	<input type="checkbox"/> B Grade (Aged 45 or above)	4066 0497	<input type="checkbox"/> B Grade (Aged 45 or above)
4066 0492	<input type="checkbox"/> C Grade (Aged 35 or above)	4066 0495	<input type="checkbox"/> C Grade (Aged 35 or above)	4066 0498	<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) _____

* 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 Team Member 1: _____

Date: _____

*Signature of Team Member 2: _____

Date: _____

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