

School Sports Programme
Outreach Coaching Squash Team Competition 2025
[Application Form]

School Name: _____

Abbreviation of School Name:

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(Max. 5 letters)

Address: _____

Email Address: _____ Fax No.: _____

Name of Applicant/ Teacher-in-charge: _____ Contact Tel. No. / Mobile No.: _____ / _____

Name of Leader: _____ Contact Tel. No. / Mobile No.: _____ / _____

Division: **Boys** **Girls**

Name of Participants	Class	Name of Participants	Class
*Junior Primary (P1-P3) / Junior Secondary (S1-S3) (*Please delete if inappropriate)			
(Team A)		(Team C)	
(Team A)		(Team C)	
(Team A)		(Team C)	
(Team B)		(Team D)	
(Team B)		(Team D)	
(Team B)		(Team D)	
*Senior Primary (P4-P6) / Senior Secondary (S4-S6) (*Please delete if inappropriate)			
(Team A)		(Team C)	
(Team A)		(Team C)	
(Team A)		(Team C)	
(Team B)		(Team D)	
(Team B)		(Team D)	
(Team B)		(Team D)	

Remarks:

1. Priority will be given to schools which have participated in the Squash training course under the Outreach Coaching Programme during the period between 1/9/2023 and 31/12/2024 are eligible to apply.
2. If the number of applications exceeds the quota, places will be allocated by ballot. Each school may submit applications for a maximum of 4 teams. Team A of each school will be allocated first and Team B will have chance to be accepted if there are remaining places. If the quota is not filled, other schools which have participated in the above programme on or before 31/8/2023 are welcome.
3. A separate form is required for each team. Each student may only represent one team.
4. The information provided in this form will only be used for the purposes of enrolment in recreation and sports activities organised by the Organiser and the Leisure and Cultural Services Department (LCSD), future contact, statistical reviews and opinion survey. Only officers who are authorised by the Organiser or the LCSD may access such information for the aforesaid purposes. For correction of or access to personal data collected by means of this form, please contact the staff of SAHKC at 2337 6202.
5. The provision of personal data in this form is obligatory. If you do not provide the requisite personal data, the LCSD and the Organiser may not be able to process your application.

[Declaration]

I, the Applicant/ Teacher-in-charge, hereby declare that all information provided in this form is true and correct. All participants have already obtained the consent of their parent/ guardian or the person authorised by their parent/ guardian to participate in the above activity, and they do not suffer from any illness that renders them unfit for the activity.

Signature of Teacher-in-charge : _____ Date: _____

School Chop :

Please submit completed application forms together with a crossed cheque (**HK\$140 per team**) payable to “**Squash Association of Hong Kong, China**” by the post to the Squash Association of Hong Kong, China Office (Address: G/F, Hong Kong Squash Centre, 23 Cotton Tree Drive, Hong Kong). Please mark “**Outreach Coaching Squash Team Competition 2025**” on the envelope. **Deadline for Application: 22 January 2025 (Wed)**, postmarks will be deemed as the submission dates.