(此欄由本會職員填寫 For Official Use Only)
參加者編號 Runner No.：

CyberRun for Rehab
Healthy Steps in Cyberport
2011 健康萬步數碼港

報名表格 Entry Form

每名參加者必須填寫此表 Each participant must fill in this form

此報名表亦可於本會網頁下載 *This entry form can also be downloaded at：www.cyberrun.hk*

參與項目 *Participation* (請選擇 ***Pls ☑as appropriate***) (請以正楷填寫 *Please complete in block letters*)

☐ **5 公里賽跑** *5km Run* ☐ **4 公里步行** *4km Walk* ☐ **1.5 公里傷健步行** *1.5 km Accessible Walk*

☐ **個人參與** *Individual Participation* ☐ **組隊參與 (隊伍名稱 Name of Team：_____)** *Team Participation*

參加者姓名：(Eng) Mr/Ms/Mrs _____ (中文)_____
Name of Participant Surname Given names 姓名

性別 Sex： ☐ 男 Male ☐ 女 Female **年齡 Age：_____** (在 *as at 1/11/2011*)

公司/學校/機構名稱 (如適用)
Company/School/Organization Name: (*if applicable*) _____

參加組別 Categories：(請選以下其中一個組別 *Please choose one of the following categories*)

☐ A. 12 歲或以下 Aged 12 or under	☐ B. 13 歲至 15 歲 Aged 13 - 15	☐ C. 16 歲至 18 歲 Aged 16 - 18
☐ D. 19 歲至 34 歲 Aged 19 - 34	☐ E. 35 歲至 49 歲 Aged 35 - 49	☐ F. 50 歲或以上 Aged 50 or above

聯絡電話 Contact Tel： (日間 Daytime)_____(手提 Mobile)_____

電郵 Email：_____傳真 Fax：_____

通訊地址 Correspondence Address：_____

緊急聯絡人 Emergency Contact Person：_____電話 Tel：_____

Declaration 參加者聲明

I hereby declare that I have entered this event in full awareness of physical demands of the event and agree to abide by the rules and conditions as laid down by The Hong Kong Society for Rehabilitation (HKSR). I hereby also confirm that I do so at my own risk and responsibility and irrevocably discharge from any claim in connection with the event or for personal injury, death, loss of whatever which resulted as a consequence of our so participating in the event.
謹此聲明本人在明瞭此活動的體適能要求情況下參加，並願意遵守所有香港復康會列明的活動規則。同時承擔自身風險及責任，並無權向香港復康會對本人在往返活動場地途中、活動中發生或其引致之自身意外、死亡或任何形式的損失索償或追討責任。

_____	_____	_____
參加者簽署 Participant's signature	家長/監護人簽署 Parents' / Guardian's signature (18 歲以下參加者適用 For participant aged under 18)	日期 Date

請問 閣下如何認識本活動 How do you know about this event?
- ☐ *活動單張，獲得渠道 Leaflet obtained from*_____
- ☐ *海報 ，張點地點 Poster at* _____
- ☐ *報章 Newspaper*_____
- ☐ *郵政通函 HKPost Circular*
- ☐ *上網 Website*_____
- ☐ *其他 Others* _____

郵寄標籤 Mailing Address Label
姓名 Name：_____
聯絡地址 Address：_____
_____

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≺ 捐款表格 Donation Form ≻

(可按需要自行影印此表格 *Please make photocopy of this form if needed)*

☐ **5 公里賽跑** *5km Run* ☐ **4 公里步行** *4km Walk* ☐ **1.5 公里傷健步行** ***1.5 km*** *Accessible Walk*

☐ **個人參與** *Individual Participation* ☐ **組隊參與** *Team Participation*

參加者姓名：(Eng) Mr/Ms/Mrs _____ **(中文)**_____
Name of Participant Surname Given names 姓名

本人願意贊助以上人士參與健康萬步數碼港 2011 籌款活動。
I would like to sponsor the above person to participate in the CyberRun for Rehab 2011.

	捐款人名稱 Name of Donor * 用於發出收據，請以正楷填寫 Pls fill in block letters for issuing receipts	**捐款金額 Donation** # 如需捐款收據，請於方格內加上「✓」 Pls "✓" the box if you require a receipt	**遞交捐款 Donation Payment**		**電郵 Email**
			支票號碼 Cheque No.	直接存款 Bank-in (請 Pls "✓")	
1		HK$ ☐			
2		HK$ ☐			
3		HK$ ☐			
4		HK$ ☐			
5		HK$ ☐			
6		HK$ ☐			
7		HK$ ☐			
8		HK$ ☐			
9		HK$ ☐			
10		HK$ ☐			
11		HK$ ☐			
12		HK$ ☐			
	總數 Total	HK$			

Remarks:

1) **# 捐款港幣$100 或以上可憑正式收據申請稅務減免。 Donation of HK$100 or above is tax deductible**
2) 請將此表格連同存款收據正本或劃線支票(**抬頭寫「香港復康會」**，背面註明參加者姓名)一併於 2011 年 11 月 20 日或之前寄交香港復康會。歡迎參加者在活動之後繼續籌款。
   Please return this form together with original bank-in slip or crossed cheque (**made payable to "The Hong Kong Society for Rehabilitation"** and marked the name of participant on the back) to HKSR on or before 20 November 2011 . Participants are welcomed to raise funds after the event.
3) 根據個人資料（私隱）條例，以上參加者及捐款者的個人資料將用於是次籌款活動及寄發香港復康會資訊。若閣下不擬收取/更改個人資料，請致電 3143 2800 與香港復康會聯絡。
   In accordance with the Personal Data (Privacy) Ordinance, the above information of participants and donors will be used for the Event and sending of promotional information about The Hong Kong Society for Rehabilitation. If you do not wish to receive such materials / wish to update your personal data, please contact the Society at 3143 2800