

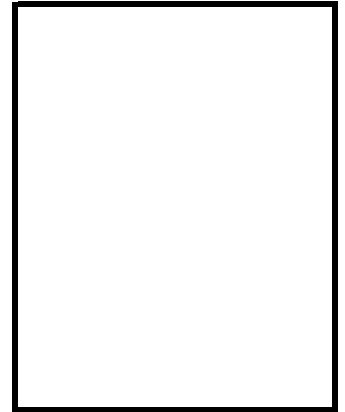
Kwai Tsing Sports Association Tennis Club

葵青體育會網球會

MEMBER REGISTRATION FORM

會員註冊表格

Chinese Name (中文姓名) _____
English Name (英文姓名) _____
Date of Birth (出生日期) _____
Age (年齡) _____ Sex (性別) _____
I.D. Card No. (身分證號碼) _____
Contact Tel. (聯絡電話) _____
Fax No. (傳真號碼) _____
Email (電郵) _____
Occupation (職業) _____



Correspondence Address (通訊地址)

Type of Registration (註冊類別)

Aged 17 or Below (17 歲或以下)

Aged 18 or Above (18 歲或以上)

如本人於運動時遇上緊急事故, 請致電: _____ 聯絡人: _____

I will observe all rules & regulations by KWAI TSING SPORTS ASSOCIATION TENNIS CLUB
(本人謹遵守葵青體育會網球會所訂之一切有關係例及規章)

Signature(簽署) _____ Date (日期) _____

Club use only (此欄由會方填寫)

Approved by (審批委員) _____ Date (日期) _____

Member Fee (會費) _____ Effective Date (生效日期) _____

Remarks (備註) _____