

(此欄由本會職員填寫 For Official Use Only)

參加者編號 Runner No. :

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)

☐ 5 公里賽跑
5 km Run

☐ 4 公里步行
4 km 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

(隊伍名稱 Name of Team : _____)

賽跑組別 Run Categories :

出生日期 Date of Birth : _____ (在 as at 10/11/2013)

☐ 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

(請以正楷填寫 Please complete in block letters)

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

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

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

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參加者編號 Runner No. :

◀ 捐款表格 Donation Form ▶

(可有需要自行影印此表格 Please make photocopy of this form if needed)

參加者姓名：(Eng) Mr/Ms/Mrs _____ (中文) _____

Name of Participant

Surname

Given names

姓名

本人願意捐款支持健康萬步數碼港 2013 籌款活動。I would like to support the CyberRun for Rehab 2013.

	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 donation 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\$ <input type="checkbox"/>			
2		HK\$ <input type="checkbox"/>			
3		HK\$ <input type="checkbox"/>			
4		HK\$ <input type="checkbox"/>			
5		HK\$ <input type="checkbox"/>			
6		HK\$ <input type="checkbox"/>			
7		HK\$ <input type="checkbox"/>			
8		HK\$ <input type="checkbox"/>			
9		HK\$ <input type="checkbox"/>			
10		HK\$ <input type="checkbox"/>			
11		HK\$ <input type="checkbox"/>			
12		HK\$ <input type="checkbox"/>			
總數 Total		HK\$			

感謝您的捐款！以行動支持我們在中國偏遠地區為超過 250 萬名殘疾兒童提供復康服務及訓練！

Thank you for your generous support to the rehabilitation services for over 2.5 million children with disability living mainly in the rural areas of the mainland China.

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：「香港復康會」，背面註明參加者姓名)一併於 2013 年 11 月 23 日或之前寄回香港復康會(地址：九龍藍田復康徑 7 號 1 樓 16 室)。歡迎在活動之後繼續籌款。 Please return this form together with original bank-in slip or crossed cheque (Please make cheque payable to "The Hong Kong Society for Rehabilitation" and write your name on the back) to HKSR(Add: Room 16, 1/F, 7 Rehab Path, LamTin, Kowloon) on or before 23 November 2013. You 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