

主辦機構



香港足球總會
Hong Kong Football Association

主要合作伙伴



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust
同心 同步 同進 RIDING HIGH TOGETHER

2016-2017 年度賽馬會五人足球盃(高等院校組)
2016-2017 Jockey Club Futsal Cup (Higher Education Division)

報名表格 APPLICATION FORM

院校名稱(中文): _____

Institute Name (English): _____

院校地址 Institute Address: _____

院校電郵 Institute Email: _____

請於所屬的參賽組別填上“✓”號 Please indicate with a “✓” in the designated category

25 歲以下男子組(U25M)

25 歲以下女子組(U25W)

Men's U25, Higher Education Division

Women's U25, Higher Education Division

球衣顏色 Jersey Colours

場區顏色 Players Colours: _____ / _____

守門員顏色 Goal Keeper Colours: _____ / _____ / _____

注意: 主色和背心顏色必須有明顯分別

院校領隊 Team Manager (必須為年滿 21 歲香港居民 Must be a Hong Kong resident aged 21 or over)

姓名 Name: (中文) _____ (English) _____

香港身份證號碼 HKID No.: _____ 出生日期 Date of Birth: _____

手提電話 Mobile No.: _____ 辦公室電話 Office Phone No.: _____

傳真號碼 Fax No.: _____ 電郵 Email: _____

報名費及保證金 Enrolment Fees and Deposit

(請每年齡組以兩張支票分開繳付報名費及按金 Please issue 2 separate cheques for each age groups' enrolment fee and deposit respectively.)

報名費 Enrolment Fees (\$300)

支票號碼 Cheque No.: _____

銀行名稱 Bank Name: _____

保證金 Deposit (\$300)

支票號碼 Cheque No.: _____

銀行名稱 Bank Name: _____

本校願意遵守比賽之規章及所有之判決。本校/球隊亦會為各球員購買活動保險及已獲球員的家長或監護人的同意,其子弟身體健康,適宜參與本賽事。本校/球隊同意上述提供之院校領隊聯絡資料將用作為足總聯絡之用,並同意由足總發放有關資料予其他參賽球隊作聯絡之用途。

My Institute guarantees to obey all the rules & regulations of this competition and decisions of the relevant committee. My Institute /Team has arranged our own insurance coverage for the players and got the consent from the parent or guidance of the players that their children are healthy and suitable to participate in this competition. My Institute /Team agreed that the contact details of our Team Manager will be made available to HKFA staff and other participating teams for the communication purpose.

院校蓋章

Seal of Institute

院校授權人仕 簽署

Signature of Authorized Person

日期

Date