



香港足球總會
2019-2020 年度賽馬會五人足球盃(學校組) - 足球挑戰日
2019-2020 Jockey Club Futsal Cup(School Division) - Challenge Day



附件 2：報名表格 Application Form

學校名稱(中文)：_____

School Name (English): _____

學校地址 School Address: _____

學校電郵 School Email: _____

請於所屬的參賽組別先填上“✓”號。

Please indicate with a “✓” in the designated category.

小學組組別比賽日期 Match Date (Primary School Division): 2/11/2019

小學 10 歲以下男女子混合組別
Mix U10, Primary School

小學 13 歲以下男子組別
Boys' U13, Primary School

小學 13 歲以下女子組別
Girls' U13, Primary School

中學組組別比賽日期 Match Date (Secondary School Division): 3/11/2019

中學 15 歲以下男子組別
Boys' U15, Secondary School

中學 17 歲以下男子組別
Boys' U17, Secondary School

中學 17 歲以下女子組別
Girls' U17, Secondary School

註*： 每份報名表格只接受報名申請一個年齡組別，故如需申請報名多於一個年齡組別，請分開表格遞交申請。

Each school can apply for more than 1 category; however, the application forms should be submitted separately.

學校聯絡人 Contact Person (必須為年滿 21 歲香港居民 Must be a Hong Kong resident aged 21 or above)

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.: _____

電郵 Email: _____

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 School guarantees to obey all the rules & regulations of this competition and decisions of the relevant committee. My School /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 School /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.

學校蓋章
Seal of School

校長 簽署
Signature of Principal

日期
Date