

The Islamic Union of Hong Kong

香港伊斯蘭聯會

Self-Challenge Award Scheme

自我挑戰獎勵計劃

“I will do better”

“我會做得更好”

REGISTRATION FORM

登記表格

English Name: (First Name) _____ (Surname) _____

Chinese Name (if any) / 中文名字(如有): _____

Date of Birth: ____/____/____ Age: ____ Sex: Female / Male *
出生日期 day 日 month 月 year 年 年齡 性別 女 / 男

Residential Address: _____
_____ Tel. 電話: _____

Name of School 學校名稱: _____

School Tel. 學校電話: _____ School Fax 學校傳真: _____

Level of Study (2017-2018) _____

Remarks by Participant **: _____

Signature of Participant's Parent/Guardian

家長或監護人簽署

Parent/Guardian Name 家長姓名: _____

(IN BLOCK LETTERS)

Date 日期: _____

Signature of Participant 參加者簽署

* Delete whichever is not applicable 請劃去不適用者

** Optional 如有需要，方才填寫