

Organized by:

Subvented by:



中國香港壁球總會
SQUASH ASSOCIATION OF HONG KONG, CHINA



康樂及文化事務署
Leisure and Cultural
Services Department



政府資助
Government-funded
programme

Hong Kong Squash Cup 2025 Entry Form

Name: # (Chi) _____ (Eng) _____ Gender: # _____

Date of Birth: # (Day) _____ (Month) _____ (Year) _____ HKID Card / Passport No. (First 4 digits): # _____

Contact No.: (Mobile no.) # _____ (Other) _____ SAHKC 2024/25 Membership No. _____
(if applicable)

Email Address: # _____

Emergency Contact Person: # _____ Emergency Contact No.: # _____

The Recent participation in League (if applicable): (Season) _____ (Div) _____ (Team) _____ (Divisional Ranking) _____

***Tee Size# (Please '✓' the appropriate)**

***T-shirt sizes are not interchangeable. Please measure carefully to ensure you select the right size. ***

<input type="checkbox"/> XS	(Length 61 cm, Half Chest 46.5 cm)	<input type="checkbox"/> S	(Length 63 cm, Half Chest 47.5 cm)	<input type="checkbox"/> M	(Length 65 cm, Half Chest 49.5 cm)
<input type="checkbox"/> L	(Length 67 cm, Half Chest 52.5 cm)	<input type="checkbox"/> XL	(Length 69 cm, Half Chest 55.5 cm)	<input type="checkbox"/> 2XL	(Length 71 cm, Half Chest 58.5 cm)
<input type="checkbox"/> 3XL	(Length 73 cm, Half Chest 61.5 cm)	<input type="checkbox"/> 4XL	(Length 75 cm, Half Chest 64.5 cm)	<input type="checkbox"/> 5XL	(Length 77 cm, Half Chest 67.5 cm)

Group# (Please '✓' the appropriate)

<input type="checkbox"/> Men's A	<input type="checkbox"/> Men's B	<input type="checkbox"/> Men's C	<input type="checkbox"/> Men's D
<input type="checkbox"/> Men's E	<input type="checkbox"/> Women's A	<input type="checkbox"/> Women's B	

Crossed Cheque: (Cheque No.) # _____ (Bank) _____ (Amount) _____

Declaration / Parental Consent

(All applicants must sign this declaration, for applicants aged below 18, this part must be completed by his/ her parent or guardian)

I declare that ** I am / _____ (applicant's name) is healthy, physically fit, and suitable to participate in the Squash tournaments. Squash Association of Hong Kong, China shall, to the maximum extent permitted by applicable law, not be liable for any injury or death or loss the participant may suffer or incur arising from his/her participation in the Squash tournaments.

Additionally, I confirm that ** I / the applicant and _____ (name of applicant's parent / guardian) have read and understood the contents of this declaration and application form and agree that the information collected about me and/or the applicant by the Squash Association of Hong Kong, China, will be used to process the relevant activities, manage and publish related details on the official website of the Squash Association of Hong Kong, China for public access, and other purposes set out in this application form. All information given above is true, correct and complete. The Squash Association of Hong Kong, China reserves its right to request the applicant to provide the proof of evidence for his/her information stated in this application form.

** I / The applicant hereby agrees to comply with the Terms, Rules and Regulations, and By-laws of the Association, which may refuse to accept this application without giving any reason therefor.

Applicant's Signature: _____

Date: _____

To be completed by parent / guardian (if applicable)

Parent/ Guardian's Name: _____

Parent/ Guardian's Signature: _____

Contact No.: _____

Date: _____

Deadline : 08/ 08/ 2025 (Friday)

Return the completed form together with a crossed cheque (payable to "Squash Association of Hong Kong, China") for payment on or before the deadline to Squash Association of Hong Kong, China Office (Address: G/F, Hong Kong Squash Centre, 23 Cotton Tree Drive, HK).

(# Mandatory Field)