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HONG KONG SQUASH CHAMPIONSHIPS 2023 (Other Categories & Master Categories)

Entry Form

Name:# _____	Gender:#	Male / Female
Date of Birth:#	(Day) _____ (Month) _____ (Year) _____	HKID Card / Passport No. (First 4 digits):# _____
Contact No.:	(Mobile No.)# _____ (Other) _____	2022/23 HKS 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) **** No change of size once distributed.**

- | | | |
|--|--|---|
| <input type="checkbox"/> XS (Length 64cm, Half Chest 44cm) | <input type="checkbox"/> S (Length 67cm, Half Chest 47cm) | <input type="checkbox"/> M (Length 70cm, Half Chest 50cm) |
| <input type="checkbox"/> L (Length 73cm, Half Chest 53cm) | <input type="checkbox"/> XL (Length 75cm, Half Chest 56cm) | <input type="checkbox"/> XXL (Length 77cm, Half Chest 59cm) |

Group# (please '✓' the appropriate. Players can opt to enter one or two groups.)

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

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

Declaration# (All applicants must sign this declaration)

I declare that I am healthy, physically fit, and suitable to participate in the above activity. Hong Kong Squash shall not be liable for any injury or death which I may suffer in this activity, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

Participant's Signature: _____ Date: _____

Parental Consent# (Applicable to applicants aged below 18 only. This consent must be completed by his/her parent or guardian.)

I declare that _____ (applicant's name) is healthy, physically fit, and suitable to participate in the above activity. Hong Kong Squash shall not be liable for any injury or death which the participant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

Parent/ Guardian's Name: _____ Parent/ Guardian's Signature: _____ Date: _____

Deadline : 05 May 2023 (Friday)

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

The information provided by you will only be used for enrolment of this tournament and future contact. For correction or access to personal data collected by means of this form, please contact Hong Kong Squash at 2869 1592 / 2810 4086.

(# **Mandatory Field**)