

二零一九年香港花卉展覽賽馬會學童繪畫比賽參加表格 Entry Form for Jockey Club Student Drawing Competition, Hong Kong Flower Show 2019

致：九龍佐敦寶靈街 17 號官涌市政大廈 7 樓
「二零一九年香港花卉展覽相應活動小組主席」

To: Chairman of Fringe Activities Sub-committee,
7/F, Kwun Chung Municipal Services Building, 17 Bowring Street,
Jordan, Kowloon

查詢電話 Enquiry Tel.: 2267 6577 (二零一八年十二月至二零一九年三月) (Dec 2018 to Mar 2019)
2302 1268 (二零一九年三月以後) (After Mar 2019)

傳真號碼 Fax No.: 2314 2205

學校名稱 Name of School	
(中文 Chinese)	(英文 English)
電話 Tel. No.	傳真 Fax No.
地址 Address	
組別 Section : (請在適當處加"√"號。 Please put a "√" where appropriate.)	
小學組 Primary School Section	- A 組：小一至小三 Section A: Primary One to Primary Three <input type="checkbox"/>
	- B 組：小四至小六 Section B: Primary Four to Primary Six <input type="checkbox"/>
中學組 Secondary School Section	- C 組：中一至中三 Section C: Form One to Form Three <input type="checkbox"/>
	- D 組：中四至中六 Section D: Form Four to Form Six <input type="checkbox"/>
負責教師 Teacher in Charge : (1) _____ (2) _____	

編號 No.	學生姓名 Name of Student		組別 Section (請於適當處加"√"號。) (Please put a "√" where appropriate.)			
	(中文 Chinese)	(英文 English)	A	B	C	D
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

校長 姓名/簽署 Name/Signature of Principal : _____

學校蓋章 School Chop : _____

日期 Date : _____

註：請將填妥的參加表格連同回郵信封寄回上述地址。

Note Please mail the duly completed entry form together with a stamped self-addressed envelope to the address as stated above.

負責教師姓名 Teacher in charge: _____ 地址 Address: _____	回郵地址	負責教師姓名 Teacher in charge: _____ 地址 Address: _____
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附註：參賽者所提供的個人資料及其他資料，只作報名、統計、聯絡及宣傳用途。參賽者如要更改或查閱所申報的個人資料及其他資料，請與二零一九年香港花卉展覽相應活動小組聯絡（電話：2267 6577）

Note: The personal data and information provided by entrants will be used for the purposes of enrollment, statistical use, correspondence and publicity only. If any entrant wishes to amend or retrieve the personal data and information submitted, please contact the Fringe Activities Sub-committee, Hong Kong Flower Show 2019 on 2267 6577.