

「特奧之友」申請表格

“Special Olympics Friends” Registration Form

個人資料 PERSONAL INFORMATION	
<input type="checkbox"/> 男 (M)	中文姓名 Chinese Name:
<input type="checkbox"/> 女 (F)	英文姓名 English Name:
	(Surname) (Given Name)
出生日期 Date of Birth:	
聯絡電話 Contact No.:	
電郵地址 Email Address:	
地址 Address:	
緊急事故聯絡人: Emergency Contact	姓名 Name: 與申請人關係 Relationship with applicant:
聯絡電話 Contact No.:	

曾/現時就讀學校 EDUCATION BACKGROUND 請在適當位置加上✓號 Please put a ✓ where appropriate	
<input type="checkbox"/> 特殊學校畢業生 Graduate from Special School	
學校名稱 Name of School: _____	(畢業年份: _____) Graduation Year
<input type="checkbox"/> 非特殊學校學生 Non-Special School Student**	
學校名稱 Name of School: _____	
**請提供相關有效的智障人士證明 (例如:殘疾人士登記證或智力評估報告「韋氏兒童智力量表」等) Please provide valid certificate of persons with intellectual disability (E.g.: Registration Card for People with Disabilities, intellectual assessment report “Wechsler Intelligence Scale for Children” etc.)	

以下資料僅供本會作舉辦活動參考之用。 Information for reference only
1) 閣下希望參與之活動 Activities that you would like to join _____
2) 閣下參與「特奧之友」的目的 Purpose of joining “SOF” _____

簽署 Signature :	日期 Date :
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備註:

- 「特奧之友」必須是 1)特殊學校畢業生或 2)持有有效智障人士證明的非特殊學校學生。  
“Special Olympics Friends (SOF)” **MUST BE** 1) Graduate from special school or 2) Non-special school student with valid certificate of persons with intellectual disability.
- 以上收集的資料只供本會行政及籌備「特奧之友」相關活動之用，內容絕對保密。  
The data collected will be kept confidential and be used for administrative and “SOF”-related activities organization purposes only.
- 任何會員如欲退出，須以書面形式通知本會方能生效。  
Withdrawal from membership will be effective upon submission of written notice to our association.