PFL Challenge 2014 "Admiralty Corporate Challenge Cup" Applica	tion Form Team Member 3		
	Name :	(Chinese)	(English)
Men's Team of 4 (no age limit, members must be the same sex)	Sex:□M □F		
Ladies of 4 (no age limit , members must be the same sex)	1		
Mixed Team of 4 (no age limit at least one member of different sex)	D.O.B:/	_ (dd/mm/yy)Age: yrs mor	nths
The sum of the category ranking of all team members will be used to determine wi	nners. In	(Calculated up to the	adate of the race)
case of ties, the total time will be used.		XXXX(X)_ Tel :	
Trophies and prizes will be awarded to the first three positions in each category.  Note: Runners participating in team category will not be eligible for the individual	Address:		
category awards.	j *		
outogory awards.	I I F-mail:	Fax :	
Team Name :			
Team Captain 1	i Guardian's signature	<u> </u>	
\$500 PM (1982 PM (198	*A signature is require	ed for those who are under 18	
Name :(Chinese)(Eng	lish) i In case of emergency	, please contact :	
Sex: M F	1	<b>→</b> 004000	
	Name: Team Member 4	Tel:	<del>- 10 10.</del>
D.O.B:/ (dd/mm/yy)Age: yrs months	Name ,	(Chinaga)	(English)
(Calculated up to the date of the race)	Sex: DM DE	(Chinese)	(Eligilali)
ID no. :XXXX(X)_ Tel :	i oon alm li		
Address:	D.O.B: / /	(dd/mm/yy)Age: yrs month	hs
		(Calculated up to the o	date of the race)
E-mail : Fax :		XXXX(X)_ Tel:	25 
	Address:		
Guardian's signature:	<u> j</u> s	_100 351 281 251 351 351 351 351 351 351 351 351 351 3	<u> </u>
*A signature is required for those who are under 18	l e.a.,	Fax :	
In case of emergency, please contact:		Fax	<del>-2</del>
W	Guardian's signature :		
Name : Tel :	*A signature is required	for those who are under 18	
Team Member 2	! In case of emergency, p		
Name : (Chinese) (Engli	sh)		
Sex : □M □F	Name : Disclaimer/Indemnity	Tel:	<u> </u>
		am/ for the 8th Pokfulam Challenge - Ch	arity Run & Family Day 201.
D.O.B:/ (dd/mm/yy) Age: yrs months		ee that we shall comply to all relevant rule	
(Calculated up to the date of the race)		the Organizers; taking part in this event er	
ID no. :XXXX(X)_ Tel :		s Association Ltd. , or any sponsors/supp	
Address:		kind, resulting in death or injury, or for any	
		the course of the event. I/We also agree t	
E-mail: Fax:		penses or costs incurred by the Organize	
L-man rax .	connection with my/our participation in the photograph, video or any other record of	e event. I grant permission to the organize	ers or its agents to use any
Guardian's signature:	Signature 簽名	the evention any lawful purpose.	
*A signature is required for those who are under 18	I/We have read and agree to the Terms &	Conditions set out here in	
In case of emergency, please contact:	and agree to the rolling		
	Signature 1: (		) (Full Name)
Name : Tel:			
	Signature 2 : (		) (Full Name)
	0:		A VENUE NEW Y
	Signature 3: (		) (Full Name)
	Signature 3: (		) (Full Name)
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