



香港網球總會

HONG KONG TENNIS ASSOCIATION

Room 1021, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay, Hong Kong

Tel: 25048266 Fax 28948704 www.tennishk.org

talenTGroup

You are cordially invited to join the **TG Movie Night 2010**

Movie: Percy Jackson & the Olympians: The Lightning Thief

波西傑克森-神火之賊

Official website: <http://www.percyjacksonthemovie.com/>



Date: 27 Feb 2010 (Sat)

Show Time: 6:40pm

Duration: Around 130 mins

Grading: IIA

Venue: The Grand Cinema (Map is attached)

Fee: Free for all TG / TID players
HK\$75 per parent/guardian/family member

Registration First come first serve

We would be grateful if parents/guardian accompany any players aged 14 & under to the movie.

* F&B is available onsite at your own expense

Entry Deadline: 12 Feb 2010 (Fri)





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Tel: 25048266 Fax 28948704 www.tennishk.org

Fax to 28948704

OR

Email to muse@tennishk.org

By Mail to HKTA Office

Consent Form

家長同意書

Talent Group - TG Movie Night 2009-2010

傑青班 – 電影日 2009-2010

Name of Participant 參加者姓名 _____

Date of Birth 出生日期: _____

Group 組別: 1 / 2 / 3 / Tournament*

Training Venue 訓練場地: SKM / HKTC*

* Please circle the appropriate.

Email: _____

Tel: _____

I will come with

(1) _____ (Relationship: _____)

(2) _____ (Relationship: _____)

(3) _____ (Relationship: _____)

(4) _____ Reserve (Relationship: _____)

*Registration is on first come first serve basis. HKTA will confirm the ticket for the 4rd member after the deadline if there are remaining seats available.

Parent / Guardian should be aged 18 or above.

家長/監護人須為十八歲或以上人士

I [_____] (holder of Hong Kong Identity Card No. [_____] acknowledge that I am the natural and lawful parent of the Player [_____] ("the Participant") and I understand and agree that the Player will take part in the Hong Kong Tennis Association ("HKTA") - TG Movie Night 2010 as indicated in the enrolment form at his/her own risk and hereby exonerate and indemnify the HKTA and its staff from and against any proceedings, claims and demands whatsoever arising from any injuries or sickness howsoever sustained or contracted by the Player during his/her participation in the Programme.

本人[_____](身份證號碼: _____)承認本人為[_____]("參加者")之家長/合法監護人及明白參加者須自行承擔參與香港網球總會 – 傑青電影日 2010 之風險並藉此免除向香港網球總會及其職員因訓練中發生意外或受傷索償及提出訴訟之權利。

Parent's / Guidance Signature 父母或監護人簽署: _____

Emergency Contact No. 緊急聯絡電話: _____

Date 日期: _____



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TG Movie Night 2010

Payment From

Name of player: _____ TG / Talent ID*

Venue: HKTC / SKM / KT*

Group: 1/ 2/ 3/ A/ B/ C*

* Please circle the appropriate.

Payment 付款

Credit Card Type 信用咭類別: Visa Master 萬事達咭

Credit Card Issuing Bank 發咭銀行名稱: _____

Card Holder's Name 持咭人姓名: _____

(as appeared on credit card 與信用咭相同)

Card No. 信用咭號碼:

Card Expiry Date 信用咭到期日: (Month 月) (Year 年)

Card Holder Signature 持卡人簽署: _____ Date 日期: _____

(as appeared on credit card 與信用咭相同)

- HK\$75
- HK\$75 X 2
- HK\$75 X 3
- HK\$75 X 4

Terms and Conditions: -

I hereby agree that the HKTA has the right to charge my credit card account for the Talent Group Movie Night fee as agreed upon by HKTA and myself. **The fee will be charged once receiving the form.** I agree the validity of this agreement will continue after the expiry date of the credit card account provided above.

by Cheque 支票