



2011/2012 年度青少年曲棍球推廣計劃第五期 - 進階工作坊

Junior Hockey Promotion Scheme 2011/2012 Phase V – Hockey Skill Refinement Workshop



香港曲棍球總會主辦 康樂及文化事務署資助

Organized by Hong Kong Hockey Association & Subvented by Leisure and Cultural Services Department

對象: 歡迎 11-18 歲青少年參加

Age Group: 11 to 18 years old

班別 Class	日期 Date	星期 Day	時間 Time	地點 Venue	費用 Fee	截止日期 Deadline
第五期 Phase V	12, 19, 26/8/2012	六 Sat	2:00pm - 6:00pm	佐敦京士柏曲棍球場 King's Park Hockey Ground	\$150	額滿即止 First-Come First-Serve
工作坊內容				Workshop Content		
<ul style="list-style-type: none"> ● 一般體能測試 ● 專門技術訓練 ● 特定陣地訓練 ● 錄像分析環節 ● 團隊建立活動 ● 錦標賽 				<ul style="list-style-type: none"> ● General fitness testing ● Specialize skills clinic ● Positional specific drills ● Video analysis session ● Team building activities ● One day round robin & knockout tournament 		

報名辦法: 請填妥報名表格(報名表可自行複印), 連同報名費(請以支票付款, 擡頭請寫“**Hong Kong Hockey Association - P & D Section**”, 支票背後須寫上參加者姓名, 請勿郵寄現金); 寄回: 九龍衛理道二至六號, 京士柏曲棍球場, 行政大樓一樓, 香港曲棍球總會 (Allen Tse) 收。

Enrolment: Please complete the application form below and send it with a cheque (payable to “**Hong Kong Hockey Association - P & D Section**”), with your name on the back; to: Hong Kong Hockey Association (Attention: Allen Tse), 1/F, Administration Block, King's park Hockey Ground, 6 Wylie Road, Kowloon.

如有任何查詢, 歡迎致電 2782-4932 到香港曲棍球總會。For any enquiry please contact the Hong Kong Hockey Association at 2782 4932.

報名表 Application Form

I. 申請人資料 Particulars of Applicant

姓名 Name: _____ (中文 Chinese) _____ (英文 English)

出生日期 Date of Birth: _____ 性別 Gender: _____

身份證號碼 ID no.: _____ 聯絡電話 Tel: _____

(如本人於活動時遇上緊急事故, 請致電 In case of emergency, please call _____ 聯絡人 Contact Person _____)

電郵 Email: _____

(請用正楷清楚填寫, 報名事宜將以電郵確實, 不另發通知 Please use BLOCK letters, acceptance will be sent by email only)

我從以下途徑得知此活動資料 I learnt of this program through the following channels :

- 網頁 Website 海報 Poster 橫額 Banner 康文署場地 LCSD Venue
 大學/學校 University/ School 報紙/ Newspaper/ Magazine
 其他 Others : _____

II. 聲明 Declaration

我聲明: 本人明白參加者如在以上活動有任何損傷及意外, 香港曲棍球總會及有關活動之機構不須負上任何責任。

I accept that the Hong Kong Hockey Association, its servants and employees, and the coaches shall not be liable for any injuries or death which I may suffer in this activity.

申請人簽署: Signature of Applicant: _____ 支票號碼 Cheque No. : _____

日期 Date : _____

備註: 閣下所提供的資料只用於香港曲棍球總會所舉辦的上述活動報名及宣傳之用。在遞交申請表後, 如欲更改或查詢閣下申報的個人資料, 可與本會職