

LINK CENTRE			
OFFICIAL USE ONLY			
Rec'd	Date:		
Time:			
Applicant No.:			

The 1st Cantonese Competition for Ethnic Minorities in Hong Kong Application Form (Public)

(Please put a '√' in the box as approp	oriate.)					
Competition Category						
☐ Individual (Please proceed to page 1)	art A.) 🔲 Group	with 2 to 8 members	(Please proceed	to part B.)		
Part A.						
Personal Details						
Full Name:	Sex:	☐ Male / ☐ Fema	ale HKID no. (the	e first 4 digit	:s):	
Country of Origin: Contact Phone No.:			Email /	Email Address:		
Home Address:						
(I declare that the above informa	tion regarding to my	y identity is true in a	ccordance to the	Hong Kong	Immigration L	Department.)
Applicant's Full Name (signature):		(block letter)	()	Date:	
		(block letter)				
Preliminary Competition Details	s					
Preferred Competition Date:	☐ 19/12/2015 (Saturday)		□20/12/2015 (Sunday)			
Preferred Competition Timeslot:	☐ 10am-1pm		☐ 2-5pm			
Present Format:	☐ Story telling	☐ Singing	☐ Speech			
Present Topic:	□ "Hong Kong in My Eyes" (我眼中的香港)					
	☐ Others (topic:)				
Present Content:	Please briefly desc	ribe your contents in	no more than 50) words:		

Important Notes

- 1) Filling & submitting the application form does not guarantee applicant's rights of admission to the competition.
- 2) LINK Centre reserves the authority for all final decisions.
- 2) ONLY Ethnic Minorities (non-Chinese people) who are holders of Hong Kong Identity Card are accepted.
- 3) Rights of admission are reserved on first come first served basis.
- 4) All your information provided would be of LINK Centre confidential use only.
- 5) Preliminary Competition Date: 19/12/2015 (Saturday) & 20/12/2015 (Sunday)
 Final Round Competition Date: 24/1/2016 (Sunday)
 Application Deadline: 6/12/2015 (Sunday)
- 6) Please submit the application form to LINK Centre by fax at 3563 6677 or email at cantonese.hkcnlink@gmail.com. Application forms are available on our website. You can also choose to apply through google form at http://goo.gl/forms/7F8Hjfvjg7

Address: Shop B-E, G/F, Cheong Nin Building, 1019-1025 Kwai Chung Road, Kwai Chung, N.T. Tel: 3955 1555 Fax: 3563 6677 Website: http://hkcnlink.hk/link-centre/



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Rec'd	Date:	
Time:		
Applicant	No.: _	

Part B.

Group	Member	Detail	S

Team Leader						
Full Name:		Sex: □ Male / □	Female HKID no. (the	first 4 digits):		
Country of Origin: Contact		t Phone No.: Email Address:				
Home Address:						
(I declare that the above infe	ormation regarding	to my identity is tr	ue in accordance to the I	Hong Kong Imm	igration Department.)	
Team Leader's Full Name (sig	gnature):		() Dat	e:	
	,	(block l	etter)			
Members Applicant's Full Name	Sex (Male/Female)	Country of Origin	HKID No. (the first 4 digits)	Contact Phone No.	Signature to the Declaration of Identity	
2)	(,		(end the congress)			
3)						
4)						
5)						
6)						
7)						
8)						
Preliminary Competition D	etails (Please put a 'v	'' in the box as appro	priate.)			
		19/12/2015 (Saturday) 20/12/2015 (Sunday)				
Preferred Competition Times	slot: □ 10am-1pm	□ 10am-1pm □ 2-5pm				
Present Format:		Story telling/ Drama □ Singing □ Speech				
Present Topic:	Present Topic: 口 "Hong Kong in My Eyes" (我眼中的香港)					
	☐ Others (top	☐ Others (topic:)				
Present Content:	Please briefly	Please briefly describe your contents in no more than 50 words:				
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Please paste your photograph here



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(Each applicant has to submit his/her own portrait consent form.)

Portrait Consent Form

By signing this form, I	(full name) give my permiss	ion to be
photographed and/or videotaped for Link Centre	e use and upon Link Centre's d	ecision to
publicize with mass media including TV, newspape	er, magazines, radio and online f	or activity
promotion.		
Applicant's Full Name (signature):	() Date:	

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