



# Vana Music & Arts 童言藝術中心

Tel.: 2652 0618 Fax: 2652 0600

Email: info@vanama.com.hk

12/F, Capital Commerical Building, 26 Leighton Road, Causeway Bay

銅鑼灣禮頓道26號凱基商業大廈12樓

## 課程報名表格 Course Application

請以正楷填寫表格。支票抬頭請填上「童言藝術中心有限公司」或「Vana Music and Arts Limited」以郵寄方式交回銅鑼灣禮頓道26號凱基商業大廈12樓；或把費用存入東亞銀行戶口並保留收據「015-518-6800 6353 Vana Music and Arts Limited」連同報名表格發送至info@vanama.com.hk。(如適用) Please complete this form in block letters. Please make cheques payable to "Vana Music and Arts Limited" and return it to 12/F, Capital Commerical Building, 26 Leighton Road, Causeway Bay, Hong Kong with this form by mail; or deposit the fee to the Bank of East Asia "015-518-6800 6353 Vana Music and Arts Limited" and send the bank slip to info@vanama.com.hk with this form. (If applicable)

### 申請人資料 Applicant Details (必須填寫 Mandatory)

英文名稱 First Name	英文姓氏 Last Name		
中文姓名 Chinese Name (如適用 if applicable)	性別 Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
出生日期 Date of Birth 日 DD/ 月 MM/ 年 YYYY	國籍 Nationality		
地址 Address			
住址電話 Home Tel	手提電話 Mobile		
電郵地址 Email Address			
學校 School Name (如適用 if applicable)			

### 監護人資料 Guardian Details (如申請人未滿18歲)

英文名稱 First Name	英文姓氏 Last Name		
中文姓名 Chinese Name (如適用 if applicable)	性別 Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
聯絡電話 Contact Number	關係 Relationship		
緊急聯絡人 Emergency Contact <input type="checkbox"/> 同上 As Above <input type="checkbox"/> 如否 If Not	姓名 Name	電話 Number	

### 課程資料 Course Details

課程編號 Course Code	課程名稱 Course Name	第一選擇日期及時間 First Choice of Time Slot	第二選擇日期及時間 Second Choice of Time Slot	課程費用 Course Fee (HK\$)
總額 Total				

### 請問閣下如何得知此課程資料 HOW DID YOU HEAR ABOUT THIS COURSE?

網頁 Website  社交媒體 Social Media  小冊子 Booklet  親友 Family and Friends  其他 Others: \_\_\_\_\_

### 申請人 / 家長填寫此聲明 Declaration by Course Applicant / Parent of Applicant:

本人同意上述申請人參加上述舉行之課程，並瞭解其有足夠能力參加這項活動。申請人如因這項活動而受傷，童言藝術中心概不負責。本人明白如對申請人的能力有懷疑，應於申請人參加這項活動前，徵詢醫生的意見。本人同意並瞭解，若有任何個人財產在童言藝術中心範圍內或其他場所丟失或被盜，童言藝術中心概不負責。本人 / 學員同意及遵守童言藝術中心之所有規則和條例，並充分理解其內容。詳情請參閱童言藝術中心網站內的完整條款及細則。By signing this form, I consent that the above enrollee(s) will participate in the courses listed above. I understand that I / the participant(s) have enough ability to participate in the course. I / the participant(s) should consult a doctor before letting myself / the participant(s) to take part in the course. I / the participant(s) understand that VANAMA shall not be liable for any injury the participant(s) suffers in the course. I / the participant(s) agree that VANAMA will not be responsible for any personal property lost or stolen while on its premises or any other premise or locations of its activities. I/participant(s) agree to abide by all rules and regulations stated by VANA Music & Arts and fully understand its contents. Please refer to the VANAMA website for full terms and conditions.

### 個人資料收集 Personal Data:

本人明白童言藝術中心將運用本人的個人資料(如:姓名、電話、傳真、電郵及郵寄地址等)作通訊、義工招募、活動及服務推廣、會員優惠、籌募及收集意見之用途。有關資料將受到嚴格保密，並儲存於安全的內部系統。童言藝術中心循此途徑收集之個人資料將不會以任何形式出售、租借及轉讓予任何人士或組織。日後如本人反對童言藝術中心繼續使用本人的個人資料作上述之用，將透過電郵 info@vanama.com.hk 通知，並提供本人之姓名、會員號碼及身份證號碼(如適用)。I understand that Vana Music & Arts will use my personal data (including my name, telephone number, fax number, email and mailing addresses, etc.) for the purpose of communications, volunteer recruitment, promoting activities and services, communicating member benefits, fundraising and conducting surveys for the Centre, and that my personal data will be treated as strictly confidential. The personal data being collected via the present means will not be sold, traded or rented in any forms through any means to any other parties. If I object to utilizing my personal data for the above purposes in the future, I should notify the Centre by email at this email address: info@vanama.com.hk and provide my name, membership number and Hong Kong Identity Card Number(if appropriate).

申請人 / 家長簽署

Applicant/Parent Signature: \_\_\_\_\_

日期

Date: \_\_\_\_\_

OFFICE USE ONLY	By: <input type="checkbox"/> Hand <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax	Sign & Date:
Membership Number:	Receipt Number:	
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque No.:	<input type="checkbox"/> GP/Bank-in No.: