



Under 25 Lawn Bowls Championship 2014 (Organized by HKLBA – Subvented by LCSD)

Date :	23, 30 November and 7 December, 2014 (Sundays)		
	(Actual competition dates will depend on the number of participants. Usually not exceeding 2 days)		
Time :	9 a.m. to 6 p.m.		
Venue :	Tai Po Waterfront Park Bowling Green, Dai Fat Street, Tai Po, N.T.		
Eligibility :	All participants must be under 25 years of age, i.e. born on or after 7 December, 1989		
Entry Fee :	HK\$80 per person		
Enrollment :	ment : The completed entry form accompanied by the entry fee in cheque payable the "Hong Kong Lawn Bowls Association" must be sent to:		
	Hong Kong Lawn Bowls Association Room 2010, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay, Hong Kong		
	Entry may not be accepted if the information is missing or unclear.		
Closing Date :	3 October 2014 (Friday)		
Conditions of Play:	This is a Singles event. The Conditions of Play will be issued one week in advance of the competition.		
Enquiries :	Tel.: 2504 8249 or e-mail: <u>howard@hklba.org</u>		





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ENTRY FORM

Please fill in with Block Letters		_		
Name : (Chinese)	(English)		(Sex)	
Date of Birth :			(first 4 digits only e.g: 1234)	
Contact Tel. No. (Day) :	()	light) :		
Fax No. :	E-mail Address :			
Declaration For applicants aged below 18, this part I declare that(a the above activity. The HK Lawn Bowls Ass liable for any injury or death which the partic	applicant's name) is he sociation and the Leisu ipant may suffer in this	althy, physically fit, an ire and Cultural Servic	d suitable to participate in ces Department shall not be	
his/her negligence or inadequacy in health and fitness. Name of Parent/Guardian Contact Tel. No. : Signature of Parent/Guardian : Date :				
For applicants aged 18 and above, this part must be completed by the applicant himself/herself. I declare that I am healthy, physically fit, and suitable to participate in the above activity. The HK Lawn Bowls Association and the Leisure and Cultural Services Department shall not be liable for any injury or death which I may suffer in this activity, if the cause of injury or death is due to my negligence or inadequacy in health and fitness. Signature of applicant : Date:				
Enclosed cheque number of HK\$80			ng Date : 3 October 2014	
The information provided will be used for the enrolment and promotion of events organized by HKLBA and LCSD only. You may contac HKLBA for any amendment or enquiries. Please cut out the address below (Please fill in your postal address with Block Letters)				
Name Address		Room 2010, Ol 1 Stadium Path Causeway Bay Hong Kong	n, So Kon Po,	