

2013 年





Personal Information					
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Chinese Name	Full/English Name (Surname first)				
Age	Date o	fhieth	Year	Month	Day
Age	Date 0	i onui	1 cai	WIOIIII	Day
Identification document	/ID nur	nber			
Category Youth Group Name of School			Open Gro	oup	
Correspondence Address					
E-mail					
Contact number	Prefe	r contact period	Morning	Afternoon	Evening
Entry Information					
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Declaration					
I fully understand the term and conditions of the protocol of this mascot competition willing and agree to follow the rules and regulations					
Signature of applicant			/ - /	Year	Month Day
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The information provided will be used for processing the applications and contact only.

Provision of personal data is on a voluntary basis. However, if you fail to provide the necessary information as requested or have provided inaccurate information, the held organization may not be able to process your application.

Requests for access to/correction of personal data provided in this application form can be made in writing or by completing the Correction of Personal Data Request Form and submit to the held organization.

蘇單位 澳門明愛生命熱線

贊助單位: 社會工作局