

The Charity Run of Bank of China Macau Branch BOC Climbing Stairs with You

Entry Form

1. Competition Categories

Division			Open	Financial Division	Educational Division
	A	Aged	18 - 35	18 - 35	18 - 35
Men		Year Born	1998- 1981	1998- 1981	1998- 1981
	В	Aged	36 - 45	36 - 45	36 - 45
		Year Born	1980 -1971	1980 -1971	1980 -1971
	С	Aged	46 60	46 60	46 60
		Year Born	1970 - 1956	1970 - 1956	1970 - 1956
	A	Aged	18 - 35	18 - 35	18 - 35
		Year Born	1998- 1981	1998- 1981	1998- 1981
Women	В	Aged	36 - 45	36 - 45	36 - 45
		Year Born	1980 -1971	1980 -1971	1980 -1971
	С	Aged	46 60	46 60	46 60
		Year Born	1970 - 1956	1970 - 1956	1970 - 1956

Note: (a) Entries to Men/Women Open are restricted to Macau residents (permanent or non-permanent) only.

Registration form must be submitted together with a copy of a valid ID. (b) Entries to the Financial/Educational Division are restricted to staff members of financial institutions and the Monetary Authorities, and students and teachers of primary and secondary schools and higher educational institutes in Macau. Entrants of Financial/Educational Division should provide copies of their Staff/Teacher/Students IDs.

2. Maximum Number of Entrants (First comes first served)

Men/Women Open 380 people / Financial Division 110 people / Educational Division 110 people.

3. Declaration of Entrants

Name : Year of Birth : Nationality :	Please paste copy of your ID (Front) here
Gender :Mobile no. :	
Address :	

Declaration : I hereby agree to abide by the Rules of the Race and declare that I am medically able and physically fit to participate the Race. I enter into the Race on my own accord. I and my family understand and agree that the host, co-organizers and supporters of this event will not be held responsible if any accident occurred due to my personal



negligence, health and physical problems during the Race. I further agree and hereby grant permis	sion of all of the				
forgoing to use any photographs, motion pictures recording or any other record of this event for any legitimate purpose					
for free.					
Signed by the Entrant (Same as ID)	Date :				
Doctor s comment:					