



Program Application Form

I. Personal Particulars

Name: _____ Age: _____ Sex: _____

Phone No.:(Day)_____ (Night)_____

Program Name	Program No.	Amount
Total Amount:		

II. Parents / Guardians' Consent

I _____(Name of Guardian) agree my child _____ (Name) to join the above programs.

I understand your agency will take every necessary safety measure for the program and I agree to bear those consequences, which are caused accidentally. I **agree / do not agree* the photos of the programs, which are reserved for the agency use in the future.

Parents'/Guardians' Signature:_____ Date:_____

Participant's Signature: _____ Date:_____

Parents'/Guardians' phone no.:_____

Remarks: The information of Particular is used for the future mailing and promotion.

*Pls delete, if applicable.

<u>Office Use</u> Staff : _____ Date : _____
