



中國銀行

澳門分行

BANK OF CHINA MACAU BRANCH

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
Men	A	Aged	18 - 35	18 - 35
		Year Born	1998- 1981	1998- 1981
	B	Aged	36 - 45	36 - 45
		Year Born	1980 -1971	1980 -1971
	C	Aged	46 60	46 60
		Year Born	1970 - 1956	1970 - 1956
Women	A	Aged	18 - 35	18 - 35
		Year Born	1998- 1981	1998- 1981
	B	Aged	36 - 45	36 - 45
		Year Born	1980 -1971	1980 -1971
	C	Aged	46 60	46 60
		Year Born	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 : _____ Gender : _____ Mobile no. : _____ Address : _____ _____	Please paste copy of your ID (Front) here
--	---

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



中國銀行

澳門分行

BANK OF CHINA MACAU BRANCH

negligence, health and physical problems during the Race. I further agree and hereby grant permission 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:

Signature and stamp o