



Hong Kong International Hula Association

Workshop Enrolment Form

Please complete in **BLOCK LETTERS**

Participant No.: _____
(For official use only)

Personal Particulars

Name in English: _____ (Surname) _____ (First Name)

Name in Chinese: _____ HKID Card No. : _____ (or HKIHA Membership No.)

Please complete the following if you are enrolling for the first time.

Address: _____
Office Tel: _____
Home Tel: _____
Mobile No: _____
E-mail Address: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Have you visited Hawaii before? ☐ Yes ☐ No If yes, which islands and when? _____

Have you learnt Hula before? ☐ Yes ☐ No If yes, where and when? _____

Workshop Selection and Payment

Level	Location	Day	Time	Start Date	Fee for 4 Workshops	Membership Category
<input type="text"/>				<input type="text"/>	<input type="text"/>	

- (1) Send check payable to "**Hong Kong Intl Hula Association**" or deposit to Wing Lung Bank Account **020-601-209-6187-4**.
- (2) Check or copy of deposit slip must be received by the HKIHA 10 days before the start of the first workshop.
- (3) Participants will receive notification of the address of the venue by email.

WAIVER OF LIABILITY AND DECLARATION

As a condition of my participating in the activities organized by the Hong Kong International Hula Association (HKIHA), I confirm to HKIHA, event sponsors, their partners and related companies, their successors and assigns, servants and agents (collectively "Organizers") as follows:

- ☒ I assume full responsibility for myself, my family, my heirs, executors and administrators, and forever release, discharge and hold harmless the Organizers from and against any and all rights and claims for damages and causes of suit or action with respect to my participation in the activities.
- ☒ I understand that by participating in the activities there may be risks of injury, death and or loss and I participate in these activities of my own free will.
- ☒ I consent to the use by HKIHA of my personal information as entered above in connection with the operation and promotion of activities organized by HKIHA.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Agreement Applicants aged below 18 must complete this part

Parent/Guardian's Signature: _____ Date: _____

Name of Parent/Guardian: _____

HKIHA@cnconsultants.com

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