



## Hong Kong International Hula Association

### First Hawaiian Week in Zhongshan 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. : \_\_\_\_\_

Travel Doc 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? \_\_\_\_\_

#### Activity Details and Payment

Assembly Location	Date and Time	Return to HK	Fee including R/T ferry, 1 night acc (double occupancy), breakfast and Luau
_____	_____	_____	_____

- (1) Send check payable to "CN Consultants Ltd" or deposit to Wing Lung Bank Account **020-601-209-2587-8**.
- (2) Check or copy of deposit slip must be received by the HKIHA by 17/4/2008. No refund for cancellation.
- (3) Participants will receive notification of the address of the venue by email and are advised to purchase own travel insurance.

#### 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: \_\_\_\_\_

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