

**3rd Asia and South Pacific Boccia Championships 2009  
(14-22 August 2009, Hong Kong)**

**<Final Entry Form>  
(Deadline for Submission: 19 June 2009)**

**FORM A**

Country / Territory :	
Name of Association/Federation:	
Address:	
Contact Person:	Capacity:
Phone:	Fax:
Mobile Phone:	Email:

**Summary of Participants**

Category	Class	Number of Participants		Sub-Total
		Male	Female	
Athletes	BC1			
	BC2			
	BC3			
	BC4			
Total number of athletes :				
Team Official	--			
Extra Official	--			
Total number of participants :				
Total number of hotel rooms required :				
No. of electric wheelchair :		No. of manual wheelchair :		

**ENTRY BY NAME**

(Deadline for Submission: 19 June 2009)

**FORM B**

Country / Territory:

**Athletes (Please fill in by sequence, from BC1 to BC4)**

	Family Name (BLOCK letter)	Given Name (BLOCK letter)	Sex (M/F)	D.O.B. (dd/mm/yy)	Passport Number	Class (1- 4)	Participating Events	
							(Individual)	(Team/ Pairs)
1.							<input type="checkbox"/>	<input type="checkbox"/>
2.							<input type="checkbox"/>	<input type="checkbox"/>
3.							<input type="checkbox"/>	<input type="checkbox"/>
4.							<input type="checkbox"/>	<input type="checkbox"/>
5.							<input type="checkbox"/>	<input type="checkbox"/>
6.							<input type="checkbox"/>	<input type="checkbox"/>
7.							<input type="checkbox"/>	<input type="checkbox"/>
8.							<input type="checkbox"/>	<input type="checkbox"/>
9.							<input type="checkbox"/>	<input type="checkbox"/>
10.							<input type="checkbox"/>	<input type="checkbox"/>
11.							<input type="checkbox"/>	<input type="checkbox"/>

**Team Officials**

	Family Name (BLOCK letter)	Given Name (BLOCK letter)	Sex (M/F)	D.O.B. (dd/mm/yy)	Passport Number	Capacity
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

**Extra Team Officials (please use additional form if space is insufficient)**

	Family Name (BLOCK letter)	Given Name (BLOCK letter)	Sex (M/F)	D.O.B. (dd/mm/yy)	Passport Number	Capacity
1.						
2.						

**ARRIVAL / DEPARTURE FORM**  
(Deadline for Submission: 19 June 2009)

**FORM C**

Country / Territory:

**Arrival**

Date	Arrival Time	Airline	Flight No.	No. of Persons

**Departure**

Date	Departure Time	Airline	Flight No.	No. of Persons

No. of electric wheelchair :		No. of manual wheelchair :	
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No. of luggages :	
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## HOTEL ROOMS LIST

(Deadline for Submission: 19 June 2009)

### FORM D

Country / Territory:

Rooms	Family Name	Given Name	Sex (M/F)	Wheelchair user (Yes / No)	Dates	
					Check-in	Check-out
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

**Notes :**

- (i) The room is arranged in twin-sharing basis.
- (ii) In case there is an odd number of participants from a team, room will be shared with other team members.
- (iii) Teams requiring a single occupancy will be charged an extra Euro 50 per day per person.

**FINAL ENTRY FEE****(Deadline for Submission: 19 June 2009)****FORM E**Country / Territory: 

	Delegation Numbers		Payment per Person (Euro)		Number of Night	=	Payment due in (Euro)	
Total Number of Athlete	<input type="text"/>	x	600			=	<input type="text"/>	<b><u>i</u></b>
Total Number of Team Official	<input type="text"/>	x	600			=	<input type="text"/>	<b><u>ii</u></b>
Total Number of Extra Official	<input type="text"/>	x	1,000			=	<input type="text"/>	<b><u>iii</u></b>
Payment for Extra Day (Per room)	<input type="text"/> (room)	x	150	x	<input type="text"/>	=	<input type="text"/>	<b><u>iv</u></b>
Payment for Single Occupancy	<input type="text"/>	x	50	x	<input type="text"/>	=	<input type="text"/>	<b><u>v</u></b>
Non-refundable deposit paid							<input type="text"/>	<b><u>vi</u></b>
Total Amount Due (i + ii + iii + iv + v - vi)							<input type="text"/>	<b><u>vii</u></b>

We have transferred the total amount of Euro \_\_\_\_\_ on \_\_\_\_\_ (date).

Payment to:	Bank Name:	The Hongkong and Shanghai Banking Corporation Limited
	Bank Address:	Hong Kong Office: 1 Queen's Road Central, HONG KONG
	Account Name:	Hong Kong Paralympic Committee & Sports Association for the Physically Disabled
	Account Number:	004 - 502 - 496581 - 838 (EUR A/C)
	Swift Code:	HSBCHKHCHKH

## Notes:

- (1) Payment must be received by **19 June 2009**.
- (2) An exact total amount must be paid and transferred. Any bank surcharge should be covered by the participating countries/ territories.
- (3) It would be appreciated if copy of order for Bank transfer could be forwarded to the Organizing Committee.

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 Signature of President/ Secretary General /  
 Director of National Paralympic Committee

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 Official Stamp / Seal

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 Printed Name

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 Date

**Team Member Profile**  
(Deadline for Submission: 19 June 2009)

**FORM F**

One form per each athlete and team official (please fill in the form in BLOCK letters)

Country / Territory:				
Please '√' the appropriate category: <input type="checkbox"/> Athlete <input type="checkbox"/> Coach <input type="checkbox"/> Staff <input type="checkbox"/> Other _____				
Family Name:		Given Name:		
Date of birth: (dd/mm/yy)				
Passport Number:		Expiry Date:		
A copy of Passport (with personal information and photo) of each athlete should be sent together with the Final Entry Form.				
Wheelchair User: <input type="checkbox"/> Yes ( <input type="checkbox"/> Manual <input type="checkbox"/> Electric ) <input type="checkbox"/> No				
Classification Card: <input type="checkbox"/> Yes ( <input type="checkbox"/> Permanent <input type="checkbox"/> Review ) A copy of the card should be sent together with the Final Entry Form. <input type="checkbox"/> No      Please bring along your medical background and diagnosis with you.				
Class:		Participating Events:		
<input type="checkbox"/> BC1 <input type="checkbox"/> BC2 <input type="checkbox"/> BC3 <input type="checkbox"/> BC4		<input type="checkbox"/> Individual <input type="checkbox"/> Teams <input type="checkbox"/> Pairs		
Dietary Requirements (Please specify any special requirements, e.g. Vegetarian, EL halal, Kosher meals, etc.)				
<b>Photo (passport size)</b>				
Photo should be scanned and saved as JPEG format in medium to high quality, or in hardcopy at a size of 40mm x 50 mm (including the name of the athlete on the back of the photo).  For photo submitted in electronic format, the file name should have the following structure: Country_FamilyName_GiveName_jpg				
<b>For Athlete Only</b>				
In order to facilitate the media and publicity purpose, please list out your existing world ranking and accomplishments over the past four years. Any addition information / details will also be welcomed.				
<b>Competition performance</b>				
<b>Existing World Ranking</b>				
	<b>Year</b>	<b>Competition</b>	<b>Event</b>	<b>Result</b>
<b>Paralympic Games</b>				
<b>World Cup</b>				
<b>World Championships</b>				
<b>Regional Championships</b>				
<b>International Competitions</b>				
<b>National Competitions</b>				

**Waiver and Release Form**  
**(Deadline for Submission: 19 June 2009)**

**FORM G**

One form per each athlete and team official.

Country / Territory:			
Family Name:		Given Name:	
Passport Number:			

In consideration of and through my involvement in the 3rd Asia & South Pacific Boccia Championships 2009 and other associated activities, and the food service provided by the Organizers I have and do hereby assume all the above risks and will hold the above mentioned Organization harmless from any and all liability, actions, causes of actions, claims, debts and demands of every kind and nature whatsoever, which I now have or may arise in connections with my participation in the 3rd Asia & South Pacific Boccia Championships 2009 or participation in any other activities arranged by me or for me.

I, for myself hereby promise not to sue the 3rd Asia & South Pacific Boccia Championships 2009 Organizing Committee and/or their officers, officials, volunteers with respect to any and all such injury, paralysis, dismemberment, death and/or loss or damage to property (except in which it is a result of gross negligence and/or willful and wanton misconduct) .

The terms hereof shall serve as release and assumption of risk for my heiress, administrators and executors and for all members of my family including any minor(s) accompanying me.

I acknowledge that is my obligation to inform the 3rd Asia & South Pacific Boccia Championships 2009 Organizing Committee in advance of any activities, of any medical or physical disability or limitation that might disable me or render me unable to perform or safely complete the game.

I also understand that the 3rd Asia & South Pacific Boccia Championships 2009 Organizing Committee have the right to disqualify me from the Championships, if in their judgment I am incapable of that activity and/or if my continued participation in the Championships will endanger me and/or safety of the team.

I release the right to the Organizing Committee to use my name, video, photograph and biographical information in publicity about the 3rd Asia & South Pacific Boccia Championships 2009.

\_\_\_\_\_  
Signature of Athlete / Team Official

\_\_\_\_\_  
Signature of Parent / Guardian / Ward  
If under 18 years

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date