



Participant / Team No. : _____ (Filled by CA)

Christian Action 3-Legged Charity Walk---Easter Island Adventure 2025 Enrolment Form

A. Category

	Category	No. of Participants	Minimum Donation
<input type="checkbox"/>	Public Pairs (Aged 15 or above)	2	HK\$800
<input type="checkbox"/>	Family Pairs (1 Adult aged 18 or above + 1 Child aged 14 or below)	2	HK\$700
<input type="checkbox"/>	Corporate Team	10	HK\$5,000
<input type="checkbox"/>	School Team	10	HK\$1,700

- ✧ Participants who are 14 years old or below must obtain a signed consent and disclamation from their parents or guardians in order to participate in the event. All teams (including Corporate Team and School Team) must be led by a team leader aged 18 or above.
- ✧ A specially designed medal and an e-certificate will be presented to all those participants who complete the walk.

B. Additional Participant(s) for Team

No. of Additional Participant(s)	Minimum Donation Per Additional Participant	Total Additional Donation
	HK\$400 / HK\$200	HK\$

- ✧ For the Public Pairs, Family Pairs and Corporate Team, an additional participant will increase the minimum fundraising amount by HK\$400.
- ✧ For the School Team, an additional participant will increase the minimum fundraising amount by HK\$200.

C. Transportation Arrangements

- ☐ Free Shuttle Bus Reservation: _____ person(s)
- ☐ Parking Reservation (Parking is available from 8:45am to 2:15pm. Parking spaces are limited on a first-come, first-served basis.)

No. of Parking Space	Donation Per Parking Space	Total Donation for Parking Space(s)
	HK\$100	HK\$
Car Plate No.:		

Contact Person / Team Leader Information (Please complete using BLOCK letters) *Mandatory field

Corporate / School Name (if applicable) _____
 Name (Chinese) _____ (English)* _____

Address* _____

Contact No.* _____ E-mail* _____

- ✧ A confirmation e-mail with details of on-line fundraising page will be sent to the contact person / team leader upon successful enrolment. Please forward the fundraising page to your friends and family and invite them to sponsor you for the event. Let's join hands to support underprivileged children.

Team Member(s) Information (Please complete using BLOCK letters) *Mandatory field

	Name*	Age	E-mail
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Remark: Team member aged under 18 years old is required to fill in the age column.

Donation Information

Thank you for your donation. Funds raised from this event will be used to provide support services to underprivileged children, in order to help each individual grow up with hope, self-confidence and their best health.

- ☐ I am not able to participate but I am willing to donate.

Individual / Company Name: _____

Name on Receipt: _____ Contact No.: _____ E-mail: _____

- ☐ The following sponsor(s) / donor(s) is supporting me / my team to participate in The 3-Legged Charity Walk.

Participant / Company Name: _____

List of Sponsor(s) / Donor(s)

	Name of Sponsor / Donor or Name on Receipt	E-mail (for receiving e-receipt)	Amount	Receipt(✓)
1			HK\$	
2			HK\$	
3			HK\$	
4			HK\$	
5			HK\$	
6			HK\$	
7			HK\$	
8			HK\$	
9			HK\$	
10			HK\$	

Total Donation Amount: HK\$ _____ **Total No. of Receipt(s):** _____

Tax deductible receipt will be issued for donations of HK\$100 or above. (Please photocopy this form or download it from the event website if necessary.)

Donation Method (Please choose one of the following)

Total Donation Amount: HK\$ _____

- ☐ By Credit Card
☐ Visa ☐ Master
 Credit Card No.: _____ Expiry Date: _____ (MM/YY) (with at least 2-month validity)
- Card Holder's Name: _____ Signature: _____
- ☐ By Crossed Cheque (payable to "Christian Action - Charity Services")
 Cheque No. : _____
- ☐ By Bank Transfer
☒ HSBC (Account No.: 567-320973-005)
- ☐ By Cash via 7-Eleven
 Please present this barcode at a 7-Eleven cashier for payment, and keep the payment receipt.

Please return the completed form with cheque / bank-in slip / transaction record to us by post to
 Christian Action, 5/F., 55 Clear Water Bay Road, Choi Wan (2) Estate, Kowloon,
 or by e-mail / fax to charitywalk@christian-action.org.hk / 2716 8862

Disclaimer:

I (and my team members) have read and understood all the details and are willing to participate in the "3-Legged Charity Walk---Easter Island Adventure 2025" which is organized by Christian Action. I (We) hereby declare and promise that I (we) will abide by all the competition rules and any competitions arrangements set by the organizer. On behalf of myself (ourselves), my (our) heirs, executors and testaments have agreed to be bound by the law. If the organizer accepts my (our) participation, I (we) shall bear all the responsibility, if I (we) are injured (including negligence) for any reason, including death, property damage and economic consequences during the competition, the organizer, all the sponsors and all other related promoters and staff are not liable for any compensation or liability. I (we) would like to certify that I (we) are in good health and are eligible for participation in this activity. At the same time, I (we) are willing to authorize the organizer and hosting organization and / or its agencies the rights to use any photos, videos, voice or any other records of the event anywhere without my (our) censorship and at no extra charge for legal purposes.

I (and my team members) agree to give the organizer permission to collect, store and use my (our) personal data (as defined in the Personal Data (Privacy) Ordinance) on one or multiple forms (including electronic form) for the purpose of the "3-Legged Charity Walk---Easter Island Adventure 2025", or in the circumstances related but not limited to the "3-Legged Charity Walk---Easter Island Adventure" for promotion. Such collection, storage and use are legal in all circumstances. To protect personal privacy, the personal data will be kept confidential and will be used only for donation receipts, photos, annual report, or to send me (us) with information on fundraising, volunteer recruitment, opinion collection and related activities for promotion purposes.

☐ I am not willing to receive the above information, or to pass my own personal information to organizing agencies, support organizations or other relevant agencies in any case of its related circumstances.

 Participant /Team Leader Signature

 Participant / Team Leader Name

 Date

Enquiry Hotline: 2716 8862

