



Sailing Course – October 2010

Wanderer (double-handed) one day clinic

for sailors with Level 2 certificate

Enrolment Form

30 October (Saturday)

Please reply on or before **23 August 2010**

**Finance & Operations Department,
Hong Kong Institute of CPAs
37th Floor, Wu Chung House,
213 Queen's Road East, Hong Kong.**

Fax no: 2893 9853

FOR OFFICE USE

Seq. no.: _____
Handled by: _____

Please allow 4 days to process your application. To avoid delaying the process, please do NOT make any unnecessary enquiries. You can check your enrolment status at "My CPA" at <http://www.hkicpa.org.hk>.

Name: (Mr./Mrs./Ms.) _____ Membership no.: _____

Email: _____ Sailing Interest Group member: Yes No

Telephone no.: _____ *Mobile no.: _____

* Mobile phone will be used for communications on the event day, whereas email will be used for communications regarding the course.

Declaration

I declare that I do not suffer from any illness/disability that renders me unfit to participate in the above activity. I will immediately notify the convenor of the interest group/HKICPA if, for any reason, my health subsequently renders me or may render me unfit to participate in the above activity. I fully accept that the convenor of the interest group/HKICPA will then consider whether I should, in the interest of safety or the safety of the other participants, continue to be allowed to further participate in future sessions and that his/her/the decision of the HKICPA will be final.

Where trainers are in place, I agree to follow the trainer's instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions. I understand that I will be asked to leave a session immediately if deemed to be deliberately ignoring the instructions from the trainer.

I further declare that, for the purposes of joining and participating in the above activity of Sailing Interest Group, I can swim for at least 50 meters with light clothing.

Assumption of Risks and Disclaimer of Liability

As a participant in the above activity you accept that you may be exposing yourself to risk of harm due to the hazards inherent in the activity. You are responsible to take care to prevent putting yourself or other members in danger.

In signing this enrolment form you fully accept that the Hong Kong Institute of Certified Public Accountants and its Sports and Recreation Club and the individual organising committee(s)/ convenor(s) shall not be held liable for any injury or death which you may suffer from participating in the activity, if the cause of injury or death is due to your own negligence, the negligence of other participants or if, at any time, you have failed to disclose any medical and/or health reasons that would or may have rendered you unfit to participate in the activity in which you suffered injury or death.

Signature: _____ Date: _____

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|--|--|---|------------|
| Admission fee: <input type="checkbox"/> \$90 | | With Level 2 Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Payment by: <input type="checkbox"/> Cheque no.: _____ (Bank: _____) * / <input type="checkbox"/> Visa / MasterCard | | | |
| * Cheque should be made payable to "Hong Kong Institute of Certified Public Accountants" | | | |
| For payment by credit card, please fill in the following: | | Card no.: | |
| Cardholder's Name (Please print): | | Card Expiry Date (month/year) : | |
| Date: | | Cardholder's Signature: | |
| FOR OFFICE USE | | Auth. code no. | Handled by |
| | | | |
| Please indicate your choice of delivery if you require a receipt: <input type="checkbox"/> by email <input type="checkbox"/> by post (to the address as shown below) | | | |
| Name: | | Address: | |
| | | | |

- Notes:**
- Enrolment for the activity is accepted on a first-come-first-served basis and priority will be offered to Sailing Interest Group members in the case of over subscription.
 - Full payment must be made before your enrolment will be processed. No telephone reservation will be accepted.
 - The closing date for enrolment is **23 August**. However, the Institute has the discretion to accept late enrolments as it sees fit.
 - Successful enrollees will receive confirmation by email or by telephone, whereas unsuccessful applicants will receive full refund by mail. If you do not hear from us one week after the closing date, please contact Ms. Michelle Tse at 2287 7034 / Ms. Elaine Wai at 2287 7230.
 - Unless the activity is cancelled due to unforeseen circumstances or low enrolment, no refund for withdrawal will be entertained after the enrolment has been processed.
 - Bad weather arrangement: The activity will be cancelled if typhoon signal no. 8 or above/ Black Rainstorm Warning is hoisted 2 hours prior to the commencement of the activity.
 - The Institute reserves the right to change the venue and date of the activity due to unforeseen circumstances.

Payment & Enrolment Status Enquiry: 2287 7379
e-mail: finance@hkicpa.org.hk

Event Information Enquiry: 2287 7034
e-mail: mcs.msce@hkicpa.org.hk