Categ	gory of Participation*: (*Please pu	ıt in the		cation Form	า	the set
-	dividual 🛛 Group (Name:					
	ardian's / Leader's Information:			······································		Autistic Talent Gala
Name	e:(English)					-
(Chine	ese, if any)	Nat	ionality:			
Relati	onship with Performer:		Te	:		Email:
Corre	spondence Address					
Corre						
B. Per	former's Information:					
	Name	Age	Gender	Autistic	Others	Role in Performance
4						(e.g. Sing, dance, musical instrument etc.)
1. 2.						
3.						
4.						
5.			ſ			
	plementary sheets if necessary.	ra of the p	erformers	must be al	itistic parti	icipants. If more than 5 performers, use
	formance Information:					
Type*: 🗆 Singing 🗆 Dancing 🗆 Musical Instrument () 🗆 Others
	ery method of Performance Record	,				
Α.	Mail : (DVD USB Memory Card) B				В	Upload :
	Please <u>AIRMAIL</u> the record device and this application form to the Secretariat of AnAn International Education Foundation (Address: Room				· (Video Website (e.g. youtube.com OR	
						Cloud Server (e.g. dropbox)
	1605, Cheung Tat Centre, 18 Cheung	g Lee Street	Chai Wan,	Hong Kong)	Linl	k:
					Oui	r Email: atg@ananedu.org.hk

2. If I and the performers is/are entitled to take part in the final competition in Hong Kong, we will \Box Accept / \Box Not accept to come to Hong Kong*.

- 4. I hereby declare all the information provided above is correct.
- 5. I understand that AnAn International Education Foundation Hong Kong has the right to use my personal information and video (with editing if necessary) provided for promoting the event.
- 6. In case of disputes, AnAn International Education Foundation Hong Kong reserves the right of final decision on all Matters.



Signature of Guardian/ Leader