	香港安安國際自閉 AnAn Internation					
香港政府認可慈善機構 Charitable Institution approved by Hong Kong Government No. 91/11513 Application Form Category of Participation*:						
Individual Group (Name:) (*Please put ✓ in the appropriate box)		
A. Guardian's / Leader's Information:						
Name: (English)						
(Chinese, if any) Nationality :						
Relationship with Performer : Tel :			Tel:	Email:		
Correspondence Address :						
B. Performer's Information:						
	Name	Age	Gender	Autistic	Others	Role in Performance (E.g. Sing, dance, musical instrument etc.)
1.						
2.						
3.						
4.						
5.						
Remarks: For groups, at least one-third of the performers must be autistic participants. If more than 5 performers, use supplementary sheets if necessary.						
C. Performance Information:						
Type*: Singing Dancing Musical Instrument () Name of Song / Performance Title:						
Secretariat of AnAn International Education Foundation						eo Website e.g. youtube.com OR Id Server e.g. dropbox)
7 Cheung Lee Street, Chai Wan, Hong Kong)						nail: atg@ananedu.org.hk
Dec	laration:					

- 1. The performer(s) and I have read the attached schedule and conditions and we understand that AnAn International Education Foundation Hong Kong may make necessary arrangement according to the situation of the event.
- 2. I □ Agree / □ Do not Agree to receive updates sent by AnAn International Education Foundation Hong Kong in the future*.
- 3. I hereby declare all the information provided above is correct.
- 4. 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.
- 5. In case of disputes, AnAn International Education Foundation Hong Kong reserves the right of final decision on all matters.

Signature of Guardian/ Leader