



MARKHAM CHINESE CULTURE CENTRE

萬錦市加華聯會文化中心

28 South Unionville Ave, Unit 2102, Markham, ON L3R 4P9 TEL: (905)946-1137

Interest Class Application Form

興趣班報名表

Name 姓名 _____

英文 English

中文 Chinese

Gender 性別 ☐ Male 男 ☐ Female 女

Date of Birth 出生日期: _____ Y 年 _____ M 月 _____ D 日

Age Group 年齡組別 ☐ 5-13 ☐ 14-18 ☐ 19-35 ☐ 36-55 ☐ 56-65 ☐ over 65 / 65 以上

Address 住址 _____

Street No. 門牌號數

Street Name 街名

Unit No. 單位號碼

City 市 (鎮)

Province 省

Postal Code 郵遞號碼

Cell Phone No. 手提: _____ Home Phone No. 住宅電話號碼 _____

Email address 電子郵件地址: _____

Course Apply for 選修科目 _____

Course Code _____ Date of the First Class _____

Member of Centre ☐ Yes ☐ No Membership No. _____ Expiry Date _____

Language Used: ☐ Mandarin 國語 ☐ Cantonese 粵語 ☐ English 英文 ☐ Others 其他 _____

Note: Participants should note that the Federation is not liable for any personal injury and/ or loss of property while in the FCCM premises, or when attending an interest class.

請注意: 學員須自顧安全, 如在中心內有任何身體損傷或財物損失, 本會概不負責如有緊急請通知(可說英語之人士)

In case of emergency, please give us the name and telephone number of a person who speaks English whom we could contact. 姓名 Name _____ Tel No. 電話號碼: _____

本人願意負責任何因為參與中心活動及學習而導致損失, 或任何後果, 都是與萬錦市加華聯會文化中心無關. 本人同意萬錦市加華聯會文化中心採用本人的錄像, 相片及名字作為推廣用途並且同意不追究任何賠償.

Waiver: I release and discharge FCCM and all other sponsors from any claims, injuries, losses of liabilities suffered or incurred as a result of my participation in the FCCM course. I acknowledge that my image may be recorded (by video or photographer) in broadcasts, newspapers, brochures during a program. I agree to the use of my name and image in brochures, promotional materials and other media without compensation.

Participant's Signature 學員簽名 _____ Date 日期: _____

Signature of Parent/Guardian (If under 18) 家長/監護人簽名(如 18 歲以下) _____

Name of Parent/Guardian (Please print) 家長/監護人姓名(正楷) _____

Please make cheques payable to FCCM

支票抬頭請寫 FCCM

All fees are not refundable or transferable

所有學費恕不退還或轉讓

For Office Use Only 辦事處專用

Course Code _____ Date of First Class _____

Receipt No. _____ Amount Received \$ _____ ☐ Cash ☐ Cheque

Staff/ Volunteer Initial _____ Date _____