



## OXFAM TOWERRUN 2020 APPLICATION FORM (RELAY)

\* Required field

<b>* Team Name:</b>			
* <input type="checkbox"/> All participants must be aged 18 or above on the event date.	* <input type="checkbox"/> Fill in the names in the relay order		
* Teammate A:	* Teammate C:		
* Teammate B:	* Teammate D:		
<b>Team contact person Information</b> (please select where appropriate)			
Company/Organization (if any) :		* Mr. / Ms. ; Name:	
* Tel.:		* Email:	
* Address:			
(Please keep blank if the information is the same as above) <input type="checkbox"/> I'd like a donation receipt		Name of Receipt:	
Milling address:			
<b>Enrolment Fee &amp; Donation</b>			
Category	Minimum Donation Amount	Extra Donation	* Total
1 <sup>st</sup> Team	\$ 5,000.00	\$	\$
2 <sup>nd</sup> Team	\$ 3,000.00	\$	\$
Please send email to Oxfam ( <a href="mailto:towerrun@oxfam.org.hk">towerrun@oxfam.org.hk</a> ) if you are looking for priority starting order.			
Will you join the 'Oxfam Virtual Run'?			
<input type="checkbox"/> No <input type="checkbox"/> Yes; more information:			

<b>Teammate A Information</b> (please select where appropriate)	
* Mr. / Ms. ; Name:	* Name on medal: <small>(Up to 15 characters for English letters and 7 characters for Chinese)</small>
* Date of Birth:	* ID / Passport No.:
* Tel.:	* Email:
* Address:	
* Emergency Contact Person:	* Tel.:
Have you participated in previous Oxfam TowerRun? <input type="checkbox"/> Yes; Year: _____ <input type="checkbox"/> No	



Teammate B Information (please select where appropriate)

* Mr. / Ms. ; Name:	* Name on medal: <small>(Up to 15 characters for English letters and 7 characters for</small>
* Date of Birth:	* ID / Passport No.:
* Tel.:	* Email:
* Address:	
* Emergency Contact Person:	* Tel.:
Have you participated in previous Oxfam TowerRun? <input type="checkbox"/> Yes; Year: _____ <input type="checkbox"/> No	

Teammate C Information (please select where appropriate)

* Mr. / Ms. ; Name:	* Name on medal: <small>(Up to 15 characters for English letters and 7 characters for Chinese)</small>
* Date of Birth:	* ID / Passport No.:
* Tel.:	* Email:
* Address:	
* Emergency Contact Person:	* Tel.:
Have you participated in previous Oxfam TowerRun? <input type="checkbox"/> Yes; Year: _____ <input type="checkbox"/> No	

Teammate D Information (please select where appropriate)

* Mr. / Ms. ; Name:	* Name on medal: <small>(Up to 15 characters for English letters and 7 characters for Chinese)</small>
* Date of Birth:	* ID / Passport No.:
* Tel.:	* Email:
* Address:	
* Emergency Contact Person:	* Tel.:
Have you participated in previous Oxfam TowerRun? <input type="checkbox"/> Yes; Year: _____ <input type="checkbox"/> No	