

**ST STEPHEN'S COLLEGE
SWIMMING CLUB APPLICATION FORM**

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Category	Registration Fee (NON-Refundable)	Valid Period
Alumni	<input type="checkbox"/> Family \$500 <input type="checkbox"/> Single \$250	17 April 2023 – 31 October 2023

Particulars of Applicant:

Name: _____ (English) _____ (Chinese) Gender: _____
 HKID / Passport no.: _____ Mobile no.: _____
 Correspondence Address: _____

SSCAA Membership no.: _____ E-mail: _____

Car Registration no.: _____ (Please attach a copy of Vehicle Registration Document.)

Status: Past Student from _____ to _____ College / Prep. School

Particulars of Family Members (If you wish to apply for family membership, please fill in this part):

Name of Spouse: _____ (English) _____ (Chinese)

Name(s) of Child(ren): (1) _____ (English) _____ (Chinese)

(2) _____ (English) _____ (Chinese)

(3) _____ (English) _____ (Chinese)

*Please attach TWO photos of the applicant and each registered person.

2 photos of applicant (30 mm x 35 mm)	2 photos of spouse (30 mm x 35 mm)	2 photos of child (1) (30 mm x 35 mm)	2 photos of child (2) (30 mm x 35 mm)	2 photos of child (3) (30 mm x 35 mm)
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Applicant's Declaration:

I / & my family members agree to abide by the Conditions of Users of the Swimming Pool as enforced by the College for the time being.

signature of applicant

signature of spouse

signature of child (1)

signature of child (2)

signature of child (3)

Notes:

- (1) Family members are required to produce necessary documents to support relationship with Applicant.
- (2) Validity of user card automatically expires on 31st October. The membership will cease once the user is no longer a member of the College / Prep. School.
- (3) This application must be returned to "The Manager, St Stephen's College Swimming Club, St Stephen's College, Stanley, Hong Kong" together with a crossed cheque for the appropriate fee made out to the order of "**ST STEPHEN'S COLLEGE SWIMMING POOL ACCOUNT**" which would be refunded in full if the application is not accepted.

FOR OFFICIAL USE ONLY	
RECEIVED	
Cheque no.: _____	Date: _____
Membership Card no.: _____	Receipt no.: _____
APPROVED	
By: _____	Date: _____

Return address (please fill in):
