

體育先鋒體操比賽暨邀賽加強通告
ADDITIONAL TRAINING CLASS FOR
SPORTSCENE GYMNASTICS COMPETITION
cum INVITATIONAL COMPETITION 2018

AISHK

致各體操班學生家長:
 Dear parents,

為加強訓練來迎接一年一度之體育先鋒體操比賽，學員除了參加基本課堂外，並建議加強訓練時間，務求達到更佳的水平。本機構現加開下列的訓練時間供學員選擇，詳情如下：

In order to have sufficient training for the gymnasts who will participate the Sportscene Gymnastics Competition, gymnasts are required to train one extra day or more (not including their existing lesson) in order to achieve the best level. Details are as follows:

上課地點: 香港澳洲國際學校四樓體育館 - 九龍塘羅福道 3 號 A

Venue: 4/F Gymnasium, Australian International School Hong Kong, 3A, Norfolk Road, Kowloon Tong

比賽組別 Group	A 及 B 組之運動員 Gymnasts in Group A & B		B 及 C,組之運動員 Gymnasts in Group B & C,		D, E & O 組之運動員 Gymnasts in Group D, E & O	
	時間 Time	費用 Fee	時間 Time	費用 Fee	時間 Time	費用 Fee
星期一 Monday	5:00-6:00pm 5:30-6:30pm	\$180@	5:00-6:30pm 5:30-7:00pm	\$240@	5:30 - 7:30pm *6:30 - 8:30pm	\$300@
星期三 Wednesday	5:45-6:45pm		5:45-7:15pm		5:45 - 7:45pm	
星期四 Thursday	5:30-6:30pm		5:30-7:00pm		5:30 - 7:30pm	
星期六 Saturday	11:00-12:00am 12:00-1:00pm 1:00-2:00pm 2:00-3:00pm 3:00-4:00pm		9:00-10:30am 12:00-1:30pm 2:00-3:30pm		9:00-11:00am 12:00-2:00pm	

報名方法: 請於加強練習日期三個工作天之前，以以下方法繳交報名表及費用(本機構將查核位置回覆確定):
 Registration Method: Please send back the form and the payment before 3 working days of the training schedule by using one of the following methods(We will check with class quota and reply to confirm):

- 1) 請連同報名表及支票，寄回香港天后琉璃街 7 號柏景中心 27 樓。Sportscene 體操部收。支票抬頭請書寫 “SPORTSCENE Ltd” 並於支票背面寫上學員姓名、訓練地點及訓練時間
 Please fill in the registration form below together with cheque(Make cheque payable to **SPORTSCENE LTD**) with the name and the center of your child written on the back and send it to 27/F, Parkview Center, 7 Lau Li Street, Causeway Bay, Hong Kong . Attn: Gymnastics Dept.
- 2) 將報名費存入匯豐銀行 028-416-253-838，報名表連收據一併傳真到本公司。
 Transfer to HSBC 028-416-253-838 and send back the receipt along with the registration form.

備註: 加強訓練每段時間均名額有限，本公司以先到先得形式作安排。

Remarks: Since the spaces are limited, first come first serve.

查詢電話 Enquiries Hotline: 2757 4324 傳真 Fax: 2549 6041

May Kwong
 Program Director

此致
 鄺美芳女士
 體育先鋒總監

體育先鋒體操比賽暨邀賽加強通告
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報名表 REGISTRATION FORM

姓名
 Name of Gymnast : _____ (Chi) _____ (Eng)

家長姓名
 Name of Parents: _____ 聯絡電話
 Contact No: _____

訓練地點
 Original Training Center : _____ 訓練時間
 Training Time: _____

比賽組別 :
 Competition Group: Boys / Girls, A , B , C , D , E , Open (L2 , L3 , L4 , L5 , L6 , L7)

請選擇上課日期並填寫上課時間 Please select the appropriate date and time:

三月至六月(March – June)

Mon	Time	Wed	Time	Thu	Time	Sat	Time
5/3		7/3		8/3	-----	10/3	-----
12/3		14/3		15/3		17/3	
19/3		21/3		22/3		24/3	
26/3		28/3		29/3		31/3	Public Holiday
2/4	Public Holiday	4/4		5/4	Public Holiday	7/4	
9/4		11/4		12/4		14/4	
16/4		18/4		19/4		21/4	
23/4		25/4		26/4		28/4	
30/4		2/5		3/5		5/5	
7/5		9/5		10/5		12/5	
14/5		16/5		17/5		19/5	
21/5		23/5		24/5		26/5	
28/5		30/5		31/5		2/6	
4/6		6/6		7/6		9/6	
11/6		13/6		14/6		16/6	

選擇 _____ 合共 _____ 支票號碼
 Choose _____ (堂數 lessons)X \$180 / \$240 / \$300 = Total: _____ Cheque No: _____

日期 _____ 家長簽署
 Date: _____ Parent's Signature: _____