**Stride for a Cure抗癌大步走2019**

**Group - R**

**Group Refund Form團隊退款表格**

Please complete the form and return by email to sfc@hkcf.org or by fax 3667 2100 on **or before 16 December 2019 (Monday)**. 請填妥下列表格，並於**2019年12月16日(星期一)**或之前，電郵至 sfc@hkcf.org 或傳真至3667 2100香港癌症基金會。

Enquiry查詢: 3667 6333

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| **1. Details of Contact Person 聯絡人資料** |

Name of organization/team/group機構/團隊名稱

Contact Person姓名      \_\_\_\_\_\_\_\_\_\_\_\_ (Surname姓氏)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Given name名字)

Telephone no. 電話       Email電郵

Address 地址

|  |  |
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| **2. Refund Arrangement退款安排** |  |

All refunds will be made by cheque. Please provide the refund cheque payee name for each participant.

所有的款項將以支票形式退還，請提供參加者的退款支票抬頭。

|  |  |  |  |
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|  | **Participant name** **參加者姓名** | **Refund Cheque Payee Name退款支票抬頭** | **Amount (HKD)****總數(港幣)** |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |
| 4 |       |       |       |
| 5 |       |       |       |
| 6 |       |       |       |
| 7 |       |       |       |
| 8 |       |       |       |
| 9 |       |       |       |
| 10 |       |       |       |
| 11 |       |       |       |
| 12 |       |       |       |
| 13 |       |       |       |
| 14 |       |       |       |
| 15 |       |       |       |
| 16 |       |       |       |
| 17 |       |       |       |
| 18 |       |       |       |
| 19 |       |       |       |
| 20 |       |       |       |

Notes備註：Please make duplicate copy if necessary. 如需更多表格請自行複印。

Signature簽署：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date日期：     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_