

**Organised by the Gymnastics Association of Hong Kong, China**  
**Subvented by Leisure and Cultural Services Department**  
**Co-organised by the Education Bureau**

For Office Use Only

**School Sports Programme**  
**2026 Rhythmic Gymnastics Competition**

**Application form**

School Name : \_\_\_\_\_

School Address : \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address : \_\_\_\_\_ Coach-in-charge: \_\_\_\_\_

Coach Registration No. : \_\_\_\_\_ Coach Contact and Mobile No.: \_\_\_\_\_ / \_\_\_\_\_

Name of Leader / Responsible Teacher/ Parent or Guardian of the Joint School Training participants: \_\_\_\_\_ Contact and Mobile No. of Leader / Responsible Teacher/ Parent or Guardian of the Joint School Training participant: \_\_\_\_\_ / \_\_\_\_\_

**Participated Programme:** (Please circle) Outreach Coaching / Joint School Training

Participated period: Month/Year: \_\_\_\_\_

**Participant list :** (Please make photocopy if the space provided is not sufficient.)

Participants' Number (to be completed by the Organiser)	Division (Please tick "✓")						Name of Participant	Year of Birth	Events (Please tick "✓")			
	(A) Junior A	(B) Junior B	(C) Junior C	(D) Talent Group A	(E) Talent Group B	(F) Talent Group C			Ball	Hoop	Clubs	Ribbon
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												

To-be-paid Fee: \_\_\_\_\_ Event Total = Total ( \_\_\_\_\_ ) events  
 \$50 x \_\_\_\_\_ events = \$ \_\_\_\_\_<sup>(1)</sup> + \$30 x \_\_\_\_\_ persons = Insurance \$ \_\_\_\_\_<sup>(2)</sup>

Bank of Cheque issuing: \_\_\_\_\_ Cheque no.: \_\_\_\_\_

Total (1)+(2) : \$	_____
--------------------	-------

**【Declaration】** I, the Applicant / Team Leader, hereby declare that I have read the prospectus carefully and agreed to abide by the competition rules. All information provided in this form is true and correct. All participants have already obtained the consent of their parent / guardian to participate in the above activity, and they do not suffer from any illness that renders them unfit for the activity.

School Chop :

Name of Teacher-in-charge/  
Parent or Guardian of the Joint  
School Training participants: \_\_\_\_\_ Signature : \_\_\_\_\_  
Date : \_\_\_\_\_

(To be completed by the LCSD)

**2026 Rhythmic Gymnastics Competition**

<Acknowledgement receipt>

We hereby acknowledge the receipt of your application form. For enquiries, please contact School Sports Programme Unit of the LCSD at 2601 7608.

(LCSD Chop with date)