

致：香港太空館 青年節目組
To : Youth Programme Unit, Hong Kong Space Museum
電郵 Email : acosrc@lcsd.gov.hk

申請編號 Ref. No.: _____
(由本館填寫 To be filled by the museum)



香港太空館
HONG KONG SPACE MUSEUM

香港九龍尖沙咀梳士巴利道十號 10 Salisbury Road, Tsim Sha Tsui, Kowloon, Hong Kong

「少年太空人體驗營」提名表格
Nomination Form for "Young Astronaut Training Camp"

1 學生資料 Student Information					
學生姓名 (身分證上的名稱) Name of Student (As shown on ID)	(中文全名)	(Surname)	(First Name)		
電郵地址 Email Address		聯絡電話 Contact No.		性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
學校名稱 Name of School		就讀級別 Form / Grade		出生年份 Year of Birth	(年 YYYY)
學校地址 Address of School					
參加原因 (由學生填寫, 限 100 個中文字內) Reason for Participation (To be filled by student, limited to 100 Chinese words)					
2 由學校填寫 (每間學校可提名最多兩位學生) To be filled by School (Each school can nominate up to TWO students)					
負責老師 Teacher-in-charge		老師電郵地址 Teacher's Email Address			
老師聯絡電話 Teacher's Contact No.	(學校 School)		(手提電話 Mobile)		
推薦原因 (由學校填寫, 限 100 個中文或 150 個英文字內) Reason for Nomination (To be filled by school, limited to 100 Chinese or 150 English words)					
<input type="checkbox"/> 參加者和負責老師在報名時, 已經閱讀、明白及同意活動的報名須知和詳情。 The participant and teacher-in-charge have read, understood and agreed to the notes on application and details of the activity upon application.					
校長簽署 Signature of Principal		學校印鑑 School Stamp			
3 由家長填寫 To be filled by Parent					
<input type="checkbox"/> 本人同意敝子女參加「少年太空人體驗營」及其甄選活動, 並證明敝子女身體健康、體格良好, 並具有良好的中文程度。 I hereby give my consent to my child's participation in the "Young Astronaut Training Camp" and its selection activities, and I confirm that my child is in good health, physically fit and proficient in Chinese.					
家長姓名 Name of Parent		日期 Date			
家長簽署 Signature of Parent					