



**MARSHAL** 報名表編號 Application Form No. : \_\_\_\_\_

**中國 - 澳門汽車總會**

**Automobile General Association Macao-China (AAMC)**

會員編號 Member No. _____
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**澳門格蘭披治大賽車－賽事工作人員培訓課程報名表格**

**Registration – Macau Grand Prix “Marshals” Training Course**

**報名人身份資料 Personal Identification**

姓名 \_\_\_\_\_ 性別 男  女  年齡 \_\_\_\_\_  
Name \_\_\_\_\_ Gender M  F  Age \_\_\_\_\_

聯絡電話 \_\_\_\_\_ 出生日期 日 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

證件編號 \_\_\_\_\_ 電郵 \_\_\_\_\_ 學歷 \_\_\_\_\_  
BIR No. \_\_\_\_\_ E-MAIL: \_\_\_\_\_ Educational \_\_\_\_\_

職業 \_\_\_\_\_ 工作/學校單位名稱 \_\_\_\_\_ 制服尺碼 \_\_\_\_\_  
Occupation: \_\_\_\_\_ Company/Entity \_\_\_\_\_ Uniform size: \_\_\_\_\_

住址 \_\_\_\_\_  
Address \_\_\_\_\_

**直系親屬** (緊急聯絡) 姓名 \_\_\_\_\_ 關係 \_\_\_\_\_ 聯絡電話 \_\_\_\_\_  
Family member (Emergency contact) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact No. \_\_\_\_\_



	閣下曾否患有及／或被提及患有以下疾病或機能失調及／或因此接受治療： Have you ever had and/or been treated for and/or been told you had any of the following diseases or disturbance of:	是 Yes	否 No
1	胸痛、高血壓疾病？ Chest pain, high blood pressure?		
2	呼吸器官疾病、呼吸困難、持久咳嗽、哮喘？ Respiratory disorder, shortness of breath, persistent cough, asthma?		
3	眼或耳的疾病、頭痛、語言缺陷疾病？ Disorder of eye or ear, headaches, speech defect?		
4	貧血或其他與血有關的疾病？ Allergies or other disorder of blood?		
5	閣下曾否服用與麻醉藥或其他並非由醫生處方的受管制藥物？ Have you ever used narcotics or other controlled substance other than prescribed by a physician?		

**\*\* 學員必須出席本賽事工作人員培訓課程之相關活動。**

The participants must attend the activities scheduled for the “Marshals” training course.

日期：日 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 申請人簽名 \_\_\_\_\_  
Date：Day \_\_\_\_\_ Month \_\_\_\_\_ Year 2023 Signature: \_\_\_\_\_

除非得到本會同意，否則不得參加非本會舉辦之賽事。

Without the agreement of the Association, no participants are allowed to work in other races events, except those organized by AAMC.

登記報名須帶同身份證正副本、彩色近照及由澳門註冊西醫發出的健康證明書各乙份。

Provide a **Original and a photocopy of the ID/BIR**, including a **colour photo** and a **medical certificate** of your health fitness to perform any of the above mentioned duties.