



Macau Red Cross First Aid Service Registration Form

A	Name of organiser			
B	Name of event			
C	Date			
D	Time	Starting ____ : ____ Ending ____ : ____		
E	Location (Please provide actual location or route map)			
F	Expected number of participants			
G	Type of activity	<input type="checkbox"/> Sport Competition	<input type="checkbox"/> Recreational & Cultural Activities	
		<input type="checkbox"/> Carnival Show	<input type="checkbox"/> Others :	
H	Contact person during the activity (Name & Telephone No.)	1.		
		2.		
		3.		
I	First aid station setup (Please provide actual location)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
J	Any other organizations participating in this first aid service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Name of organization :		
K	Project grading (for official use only)	Grade A <input type="checkbox"/>	Grade B <input type="checkbox"/>	Grade C <input type="checkbox"/>

Signature and Seal Of Organisation : _____

Date : ____/____/____

Remarks :

1. Please complete all the items and fax to 28752942 ;
2. for any enquiries, please call 28388818 to contact our staff ;
3. Macau Red Cross reserve the ultimate right for the provision of first aid service to the activity.