Cruz Vermelha da Região Administrativa Especial de Macau, República Popular da China
The Red Cross of the Macau SAR of the People's Republic of China

紅十字會 澳門特別行政區 中華人民共和國

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	☐ Sport Competition	☐ Recreational & Cultural Activities
		☐ Carnival Show	☐ Others :
H	Contact person during the activity (Name & Telephone No.)	1.	
		2.	
		3.	
I	First aid station setup (Please provide actual location)	Yes☐	No☐
J	Any other organizations participating in this first aid service	Yes☐	No☐
		Name of organization :	
K	Project grading (for official use only)	Grade A☐	Grade B☐ Grade C☐

Signare and Seal Of Organisation : _____

Date : _____/_____/_____

Remarks :

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

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