

**“Live it, Use it”
Nutrition Labelling Promotion Award Scheme**

Enrolment Form

Enrolment No.:

(Completed by organiser)

Part I: Information of Team

1. Name of School: _____
Address of School: _____
2. Name of Team: _____
3. Group: Junior Group (Form 1 to 3) Senior Group (Form 4 to 7)
4. Teacher: _____ Subject Taught: _____
Tel No. of School: _____ Mobile No.: _____
Fax No.: _____ Email: _____
5. Student Representative: _____ Class: _____
6. No. of Team Members : _____ (Please provide an approximation. Names of team members should be submitted before the activity stated in Part II begins.)

Part II: Activity Framework

(e.g. Content of activity and target groups etc. Please use separate sheets if necessary.)

Part III: Declaration

- We are willing to abide by the rules of “Live it, Use it” Nutrition Labelling Promotion Award Scheme and agree to accept the decision made by the organiser as final. (Please insert ✓ in the box)

Name of Principal: _____

Signature of Principal: _____

Date: _____

Points to Note:

Please fax or email the completed form to the Risk Communication Section.

Fax: 2787 3638

Email: rc@fehd.gov.hk

Enquiry No: 2381 6513 (Mr. YU)