



Consortium of Institutes on Family in the Asian Region

Walk for Family Well-Being 2017

26 February 2017

Consortium of Institutes on Family in the Asian Region (CIFA) is planning to organize a fund-raising Walk For Family Well-Being 2017 on 26 February, 2017 (Sunday) with the kick off ceremony at 10:00 am at the Hong Kong Girl Guides Association Sandilands Centre. The route will be along the Black's Link to Wanchai Gap. The objectives of this event are:

- i) to raise public awareness and promote the importance of family well-being;
- ii) to provide an opportunity for members, supporters and their families to enjoy a relaxing walk and the beautiful scenery at the country side; and
- iii) to raise fund for CIFA especially in preparation for its 10 Anniversary in 2018

Consortium of Institutes on Family in the Asian Region Ltd. (CIFA), inaugurated in 2008, is a registered company and a non-profit making organization with tax exemption status. Its goal is to strengthen family functioning and promote family health in the region while contributing to the body of knowledge in the relationship science in the international arena. It serves as a regional hub for networking with similar organizations/ interested professionals. Its function is to support and enhance mutual interests in research and training initiatives, and to share clinical experiences and policy formulation on families that are unique to the Asian region.

CIFA has just organized a very successful 5th Regional Symposium at the National Museum of Korea in Seoul, with the presence of Ms. Daniela Bas, Director, Division for Social Policy and Development, Department of Economic and Social Affairs of the United Nations as the Officiating Guest to deliver the Opening Address. We are planning to organize an Asian Family Summit in Hong Kong in 2018 to commemorate the 10th Anniversary of CIFA. We look forward to your support to make it a success.

For more details of CIFA, please visit our website at <http://www.cifa-net.org>.

“Converging Professional Wisdom for Family Well-Being”

Tel: (852) 2859 5301 Fax: (852) 2559 1813

Email: info@cifa-net.org

6/F Tsan Yuk Hospital, 30 Hospital Road, Hong Kong



Consortium of Institutes on Family in the Asian Region

Details of the Walk

Name: Walk for Family Well-Being 2017 (家庭健步行 2017)

Date: 26 February, 2017 (Sunday)

Registration: 9:00 am

Kick off Ceremony: 10:00 am

- to be officiated by Ms. Carol Yip, Director of Social Welfare

Route of the Walk



Starting Point: Hong Kong Girl Guides Association Sandilands Centre
141, Wong Nai Chung Gap Road, Hong Kong

Finishing Point: Wan Chai Gap Park

Length of route: 2 km

Time needed: within 2 hours

Activities Apart from the Walk, other related activities will be organized including:

- Warm-up exercises
- Eco-tour, and
- other attractive activities for participants

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「家庭健步行 2017」步行籌款 Walk for Family Well-Being 2017

2017年2月26日(星期日) Sun, 26 February 2017

步行者參加及贊助表格

Participant registration & sponsorship form

No: _____

組別 Categories: 個人 Individual 家庭 Family 團體/機構 Group/Organization

(請為不同組別各填寫一份表格 Please use separate form for different category)

歡迎角逐下列有關獎項，請將善款和表格於2017年2月6日或以前交回 Participants are welcome to compete for the following prizes. Please return the completed form together with donation to CIFA on/before 6 February, 2017

- | | |
|--------------------|--|
| (1) 個人最高籌款額 | Highest amount of donation raised by individual |
| (2) 家庭最高籌款額 | Highest amount of donation raised by family |
| (3) 團體/機構最高籌款額 | Highest amount of donation raised by group/organization |
| (4) 最多參加步行人數的家庭 | Highest number of participants by family |
| (5) 最多參加步行人數的團體/機構 | Highest number of participants by group/organization |
| (6) 最多家庭參加步行的團體/機構 | Highest number of joining families by group/organization |

參加者姓名 Name of participant(s):

1	2	3
4	5	6
7	8	9

聯絡人姓名/機構(如有) Contact person & organization(if any) _____

電話(日間) Tel (Day time): _____ 手提 Mobile: _____ (只用作本活動聯絡 For this event only)

地址 Address: _____

參加導賞者,請✓ Yes, I/we shall join Eco-tour

下列人士贊助我/我們/本機構* 參加「家庭健步行2017」步行籌款

Following sponsors support my/our/our organization's (*please delete as appropriate) participation in the charity event of "Walk for Family Well-Being 2017"

贊助人姓名 Name of Sponsor	贊助金額 Amount HKD	由本機構職員填寫 To be used by our office		
		收據編號 Receipt no.	支票 Cheque	現金 Cash
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
贊助總額 Total Amount (\$)				

* 請刪去不適用者。 Please delete as appropriate.

如需要填寫續頁，請複印本表格。 Please photo copy this form if necessary



Consortium of Institutes on Family in the Asian Region

注意/Remarks:

- (1) 參加步行者必須按照大會指示路線及工作人員指示步行。

Participants must follow the route set by the organizer and follow the instruction of the staff along the route.

- (2) 十四歲或以下參加步行者須獲家長或監護人簽署證明或由家長陪同。

Participants under 14 years old should be approved by their parents or guardians or accompanied by them to join the Walk.

<p>※十四歲或以下參加者，請家長或監護人簽署※</p> <p>※Participants under 14 are requested to obtain parent's or guardian's permission※</p> <p>本人同意下述姓名人士參加「家庭健步行2017」籌款活動。</p> <p>I agree to let the person with the name stated below to join "Walk for Family well-Being 2017".</p> <p>步行者姓名: (1) _____ (2) _____ (3) _____</p> <p>(Participants' name)</p> <p>家長或監護人簽署 Signature of parent or guardian: _____ 日期 Date: _____</p>
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- (3) 參加者須負責保管自己的財物及沿途安全。

Participants should be responsible for their belongings and their safety on-route.

- (4) 請自備飲品及雨具，以作不時之需。

Remember to bring along with you the rain coat and soft drinks in case of necessity.

填寫贊助表格須知 Guidelines for completing the Sponsorship form:

1. 為方便統計金額，參加者請先向贊助人收集善款，並連同本表格交回大會。(地址:香港西營盤醫院道30號贊育醫院6樓620室)。籌得善款若以劃線支票形式支付，請寫抬頭 **Consortium of Institutes on Family in the Asian Region Ltd.**。經核對後，會簽發大會蓋印之步行証。

To facilitate the calculation of the funds raised, participants are requested to collect in advance the donation from the sponsors for passing onto the organizer together with this form, either in person or by mail to **CIFA, Room 620, 6/F Tsan Yuk Hospital, 30 Hospital Road, Sai Ying Pun, Hong Kong**. Please make crossed cheque payable to **Consortium of Institutes on Family in the Asian Region Ltd.** Upon checking, the organizer will issue a Participation Permit to the participant concerned.

2. 角逐獎項的參加者，須將善款和表格於2017年2月6日或以前交回。其他參加者的贊助表格及籌得款項須於2017年3月6日(星期一)下午五時前交回大會。

Participants competing for prizes are required to return the completed sponsorship forms and funds raised to the organizer on/before 6 February 2017, otherwise no later than 5:00 pm, 6 March 2017.

3. 本表格所列收之一切贊助金額，必須全部交回CIFA，如有訛騙行為者、須承擔法律責任。

All the sponsorship listed in the sponsorship form should be forwarded to CIFA. One would be liable to legal responsibility if any frauds were found.

4. 贊助滿\$100元或以上者均可獲發個別之正式收據，用作免稅申報。

An official receipt for a sponsorship of HK\$ 100 or above will be issued for tax exemption purpose.

5. 如有疑問，請聯絡 電話: 28595301或 電郵: cifasecretariat@gmail.com 或 傳真: 25591813

For further enquiries, please contact Tel: 28595301 or via email to cifasecretariat@gmail.com or via fax to 25591813.

_____ 由本機構職員填寫 To be filled in by staff _____

參加者姓名 Name of Participant: _____

贊助金額 Total Amount: _____

步行証編號 Participant Permit No: _____

<p>大會蓋印</p> <p>Official stamp</p>



Consortium of Institutes on Family in the Asian Region

To: The Secretariat

I/We/Our organization * (*please delete as appropriate) _____

would like to sponsor the event **“Walk for Family Well-Being 2017”** and enclose our donation of

HK\$5,000 HK\$2,000 HK\$1,500 HK\$1,000 HK\$ _____

Donation method :

In cash (only accepted in person)

By crossed cheque – Cheque bank/number _____

(please make cheque crossed and payable to **“Consortium of Institutes on Family in the Asian Region Limited”**. Do not send post-dated cheque & staple cheque with your payment advice/sponsorship form)

By bank/ATM deposit to HSBC Account no.: 808-371793-001

(please send to CIFA a copy of the deposit slip via email or by post together with this donation form. Do not staple deposit slip with your sponsorship form.)

Please update my/our contact information as below:

Name (English)	Name (Chinese)
Organization (if applicable)	Position in organization (if applicable)
Address	
Telephone	Mobile
Email	Fax

Please issue a donation receipt in the name of:

Same as above

Other (Please specify: _____)

No donation receipt is required

Personal data provided in this form will be used for processing your sponsorship for administrative purposes only. Under the provisions of the Personal Data (Privacy) Ordinance, you have rights to request access to, and to request the correction of, your personal data.

If you do not wish to receive any information from CIFA, please tick this box.

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