香港中文大學職員協會

舞蹈健康舞班

舞蹈健康舞班能加強心肺功能，和增強肌耐力，促進血液循環，從而改善體態。

導師： Ms Isabella Ho（專業健康舞蹈導師）

日期: 05/6 – 25/9/2025（*逢星期四 / 共 16 堂*）

(11/9 除外)

時間: 18:00 – 19:15

地點: 富爾敦樓 307 室

費用: 會員/家屬: $1680 / 非會員: $1730

截止日期:03/6/2025

聯絡: 關小姐 / 林小姐 電話：3943 0806 傳真：2603 6363
(辦公時間：星期一至五 上午十一時至下午六時)

舞蹈健康舞班 – 報名表格

本人擬參加香港中文大學職員協會主辦之舞蹈健康舞班

付款方法：(請填妥以上表格) ****付款後務必收到本會收據方為作實****

1. **繳付支票：連同表格交職協（*支票抬頭：香港中文大學職員協會/Staff Association of the CUHK*）；**
2. **繳付現金：連同表格交職協林小姐辦理**（11:00 – 18:00）；
3. **銀行入數：恒生銀行帳戶簡稱 STAFF ASSN OF CUHK/帳號 293-282828-002** 入數收據連同表格遞交職協:
   WhatsApp 9188 8758 或 傳真 26036363 或 電郵 staff-association@cuhk.edu.hk

****使用銀行櫃檯入帳，將收取$30 銀行服務費****

會員/家屬姓名: _____ 會員編號：_____

部門: _____ 聯絡電話:_____

現金/支票/轉帳(號碼：_____) 日期：_____

電郵地址:_____

Staff Association of CUHK

Dancing Aerobic Course

Dancing Aerobic Course can strengthen the cardiopulmonary function, enhance muscular endurance, promote blood circulation, and improve posture.

Instructor： Miss Isabella Ho (Professional Dancing Aerobic Instructor)

Date: **05/6 – 25/9/2025** ***(every Thursday / 16 lessons)***

(except 11/9)

Time: 18:00 – 19:15

Venue: Rm 307, John Fulton Centre

Tuition Fee: Member/Family Member: $1680 /

Non-member: $1730

Deadline: 03/6/2025

Contact: Ms. Kwan / Ms. Lam Tel: 3943 0806 Fax: 2603 6363

(office hours: Mon - Fri / 11:00 – 18:00 Mon. to Fri.)

Dancing Aerobic Course ~ Enrollment Form

I would like to join the Dancing Aerobic Course.

Payment Method：(fill in the form) **You must receive a receipt from CUSA after payment**

1. **Pay by Cheque:** Please send the cheque (payable to "Staff Association of the CUHK") with the enrollment form to CUSA (RM 308, John Fulton Centre);
2. **Pay by Cash:** Please submit the form and pay cash to Ms Lam at CUSA office (11:00 – 18:00);
3. **Bank Transfer:** Hang Seng Bank Account (Short Form/No：STAFF ASSN OF CUHK/024-293-282828-002)
   Pls send the bank transfer record with the form to CUSA:
   WhatsApp：9188 8758 OR Fax：2603 6363 OR Email：staff-association@cuhk.edu.hk

****A bank service fee of $30 will be charged for bank over-the-counter deposits****

Member Name: _____ Member No.：_____

Dept.: _____ Tel: _____Cash/Cheque/Transfer (No：_____)

Email:_____ Date： _____