**2017 Public Benefit International Challenge for Youth （PBIC）**

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| Name (Chinese) | Name (English) | School | Gender | Birthdate | ID No. | Contact Information | Email Address | Parent(s) Name | Parent(s) Contact Information |
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**\*All of the above information must be true**

**Agreement**

**Agree and support \_\_\_\_\_\_\_\_\_\_（ID No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_）To participate in the 2017 PBIC Event.**

**Parent(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s) Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**