## 保良局賽馬會大棠渡假村申請表

## PO LEUNG KUK JOCKEY CLUB TAI TONG HOLIDAY CAMP **APPLICATION FORM**

FOR OFFICIAL USE ONLY					
App. No.:					
Received:					

填妥之表格可傳真至 2882 3391 Please fax completed form to 2882 3391

團體/家庭名稱 Name of Organ 聯絡人姓名			先生/女士/小姐	英文 English 香港身份證號碼			
_	椿編號(如適用) Membership No.(If applicable)		Mr./Ms./Miss	HKID Card No 電郵 E-mail			
Address 聯絡電話 Contact Tel. No		手提電話 Mobile No.			厚真 ax. No.		
申請營期 Camping Period	由 d: From	至 to	或 由 or From		至 to		
		可租營額 Capacity of Unit	用營時間 Period	男 Male	女 Female	總數 Total	擬租用營舍數目 No. of Hostel
團體營 Group Hostel	一廳三房(18 人) 3-bed room(18 persons)	8間 8 units					
	一廳兩房(14 人) 2-bed room(14 persons)	4問 4 units					
家庭營 Family Hostel	一廳兩房(6 人) 2-bed room(6 persons)	3間 3 units	下午 3 時 15 分 (入營) 至 翌日下午 1 時 45 分 (離營) 3:15p.m				
	一廳兩房(8 人) 2-bed room(8 persons)	3間 3 units					
	一廳三房(10 人) 3-bed room(10 persons)	2間 2 units					
	露營(4 人營幕) amp (4-person tent)	5個 5 units	(Check-in) to				
領袖訓練營 Leadership Training Hostel	領袖營舍(4 人) Leader room (4 persons)	3間 3 units	the following day 1:45p.m (Check-out)				
	訓練營舍(10 人) Trainee room (10 persons)	12 間 12 units					
	通舗營舍(10 人) Japanese style room (10 persons)	6 間 6 units					
	日營 Day Camp		上午 9 時至下午 4 時 9:00a.m. – 4:00p.m.	:			
На	下午營 appy Hour Camp		下午 3 時至下午 10 時 3:00p.m. – 10:00p.m.				
	已包括套餐/燒烤及糖水費用) with set dinner/BBQ and dessert		下午 2 時至下午 10 時 2:00p.m. – 10:00p.m.	f			□套餐 □燒炸
訊。届時將需要使 2882 3391。	資料除作上述用途外,本局將不時 使用 閣下存於本局之聯絡資料與 閣 取任何如上所述的保良局宣傳郵件。	下通訊。如不擬收取					
information relatir such materials, ple	n provide in this form will be used for t ng to our services and development th case contact Recreational Services Dep to receive the promotion materials fro	rough various channels partment or put a 「✓」	such as direct mailing, email, in the box below and send ba	telephone, SMS	or facsimiles,	etc. If you d	o not wish to receive
We will comply wi	成員自當遵守 貴營簡則。用營期內 th all regulations and conditions set o ry accidents howsoever caused. I certi	ut for the use of the car	mp, and will take full responsi	bility in the even	t of any violation	on of the re	gulations and
負責人姓名 Representative 團體印鑑及負責。 Organization"s Cho			Mr. / Ms. / Miss Po	職位 sition 日期 Date			
	sp & signature sp交香港禮頓道 66 號或傳真至 2882	23391 保良局康樂服務		Jule			