## 保良局賽馬會大棠渡假村申請表

中文

團體/家庭名稱

## 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

英文

Name of Organ 聯絡人姓名 Contact Person	·		先生/女士/小姐 Mr./Ms./Miss	_ English 香港身份證號碼 HKID Card No.			
通訊處 Address							
			電郵 E-mail				
聯絡電話 Contact Tel. No		手提電話 傳真 Mobile No. Fax. No.					
申請營期 由 Camping Period: 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 間 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)				
	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) (不包露營用品) Tent Camp (4-person) (Camping supplies are not included)		5 個 5 units	3:15p.m (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.	Ê			
下午營 Happy Hour Camp			下午 3 時至下午 10 時 3:00p.m. – 10:00p.m.				
黃昏營 (費用已包括套餐/燒烤及糖水費用) Evening Camp(with set dinner/BBQ and dessert			下午 2 時至下午 10 時 2:00p.m. – 10:00p.m.				□套餐 □燒烤
訊。届時將需要例 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	图下通訊。如不擬收取					
information relatir such materials, ple	a provide in this form will be used for ng to our services and development the case contact Recreational Services De to receive the promotion materials fro	nrough various channels partment or put a 「✓」	such as direct mailing, email in the box below and send b	, 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 ny accidents howsoever caused. I cert	out for the use of the car	mp, and will take full responsi	bility in the even	t of any violati	on of the re	gulations and
負責人姓名 Representative			Mr. / Ms. / Miss Po				
團體印鑑及負責/ Organization"s Cho 請將填妥之表格容		2 3391 保良局康樂服務	1	日期 Date			