



保良局 戶外教育營



$E=MC^2$






三日兩夜



小學每位：\$180
中學每位：\$220

兩日一夜 (加長版)

小學每位：\$150
中學每位


- 
- 只限平日，膳費另計
- 
- 學校老師：每15位學生，1位老師豁免營費
- 
- 場地優惠
- 
- 由營地編配房間
- 

活動流程



跟現行教育營方式

自行安排活動
或
向營地購買課程




查詢



北潭涌度假營
2792 4302

營務組
6151 9304

大棠渡假村
2478 1332



保良局康樂服務部

「戶外教育營計劃」申請表

學校在填寫此表格前，須先以電話 6151 9304 查詢營期，並於成功以電話預訂營位後一星期內填妥本表格，直接電郵 booking@poleungkuk.org.hk 或傳真至 2882 3391。

*請選擇營地：☐ 保良局賽馬會北潭涌度假營 / ☐ 保良局賽馬會大棠渡假村

*學校名稱 _____ * ☐ 小學 / ☐ 中學

*負責老師姓名 _____ *香港身份證號碼 _____

*聯絡電話 _____ 手提電話 _____

*電郵 _____ 傳真 _____

*地址 _____

*接收確認信方式(☐ 信件 / ☐ 傳真 / ☐ 電郵)

*必須填寫

申請營期：	<input type="checkbox"/> 三日兩夜	由 _____ 至 _____
	<input type="checkbox"/> 兩日一夜 (加長版) 請選擇： <input type="checkbox"/> (日營+宿營)/ <input type="checkbox"/> (宿營+下午營)	由 _____ 至 _____

如有任何人數更改，請盡早以書面通知營務組。	參加學生人數	
	男生人數	女生人數
	總數：	

隨營的教職員人數：男 _____ 人 女 _____ 人

備註：

此表格上的個人資料除作上述用途外，保良局將不時透過直接郵遞、電郵、電話、手機短訊、通訊應用程式及傳真等途徑，向閣下提供有關保良局動向、服務推廣及籌募活動等資訊。如不擬收取，請在以下方格內加「✓」後寄交香港禮頓道 66 號保良局 10 樓營務組，或傳真：2882 3391，又或請電郵至 booking@poleungkuk.org.hk 以便跟進。

本人不欲透過 ☐ 郵遞 ☐ 電郵 ☐ 電話 ☐ 手機短訊 ☐ 通訊應用程式 ☐ 傳真 ☐ 全選 收取任何保良局的宣傳資訊。

聲明：

本團體自當遵守 貴營簡則並確保於營內一切行為及進行活動之目的和內容均沒有干犯及抵觸港區國安法或其他法例。用營期內倘有違反營規或發生任何意外，概由本人等自行負責。謹以本人簽名及團體印信證明本團體之申請。

校長姓名 _____

校長簽署 _____

日期 _____

學校蓋印

Po Leung Kuk Recreational Services

Outdoor Education Scheme Application Form

Schools are requested to make telephone reservation with 6151 9304 before completing this form. The completed form must be sent to booking@poleungkuk.org.hk or fax to 2882 3391 within a week after the successful telephone booking.

*** Please select:**

- ☐ **Po Leung Kuk Jockey Club Pak Tam Chung Holiday Camp**
- ☐ **Po Leung Kuk Jockey Club Tai Tong Holiday Camp**

*Name of school _____ * ☐ Primary / ☐ Secondary

*Contact Person _____ *HKID Card No. _____

*Contact Tel. No. _____ Mobile No. _____

*E-mail _____ Fax. No. _____

*Address _____

*Method of receiving confirmation letter (☐ Letter / ☐ Fax / ☐ E-mail)

*Must be required

Camping Period:	<input type="checkbox"/> Three days and two nights	From _____ to _____
	<input type="checkbox"/> Two days and one night <input type="checkbox"/> Please select: <input type="checkbox"/> AM Session and Overnight Camp <input type="checkbox"/> Overnight Camp and PM Session	From _____ to _____

If there is any change of participating numbers of students, please inform the booking office concerned immediately.	No. of Participating students	
	Boys	Girls
	Total : _____	
No. of participating teachers/school appointed supervising team members: Male _____ Female _____		

Remarks:

Your personal data provided in this form will be used for the above purpose. The Kuk may send you the updated information relating to our services, development and the appeal of donation campaigns through various channels such as direct mailing, email, telephone, SMS, messaging applications or facsimile, etc. If you do not wish to receive such materials, please put a tick in the box below and mail to Recreational Services Department, 10/F, Po Leung Kuk, 66 Leighton Road or Fax: 2882 3391, or email: booking@poleungkuk.org.hk.

I do not wish to receive any promotion materials from Po Leung Kuk by

☐ mail ☐ email ☐ tel ☐ SMS ☐ messaging applications ☐ facsimile ☐ all of the above

Declaration:

We will comply with all regulations and conditions set out for the use of the camp and ensure that the purpose and content of all behaviors and activities in the camp do not against the Hong Kong National Security Law or others Law, and will take full responsibility in the event of any violation of the regulations and conditional and any accidents howsoever caused. I certify that I have the authority to bind our group by signing this application with organization chop if applicable.

Name of School Head _____

Signed by School Head _____

Date _____

School Chop