

# 保良局賽馬會北潭涌度假營申請表

## PO LEUNG KUK JOCKEY CLUB PAK TAM CHUNG 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 Organization/Family

中文 Chinese \_\_\_\_\_

英文 English \_\_\_\_\_

聯絡人姓名  
Contact Person

先生／女士／小姐 Mr. / Ms. / Miss \_\_\_\_\_

香港身份證號碼  
HKID Card No. \_\_\_\_\_

聯絡電話  
Contact Tel. No. \_\_\_\_\_

手提電話  
Mobile No. \_\_\_\_\_

通訊處  
Address \_\_\_\_\_

傳真  
Fax No. \_\_\_\_\_

電郵  
E-mail \_\_\_\_\_

申請營期 由 \_\_\_\_\_ 至 \_\_\_\_\_ 或 由 \_\_\_\_\_ 至 \_\_\_\_\_  
Camping Period: From \_\_\_\_\_ to \_\_\_\_\_ or From \_\_\_\_\_ 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
特選團體營 (10人) Selected Group Hostel (10 person s)		28 間 28 units	下午 3 時 15 分 (入營) 至 翌日下午 1 時 45 分 (離營)				
特選家庭營 Selected Family Hostel	一廳兩房 (4人) 2-bed room (4 person s)	6 間 6 units	3:15 p.m. (Check-i n) to the following day 1:45 p.m. (Check-ou t)				
	一廳兩房 (6人) 2-bed room (6 person s)	6 間 6 units					
	一廳三房 (8人) 3-bed room (8 person s)	6 間 6 units					
日 營 Day Camp			上午 9 時至下午 4 時 9:00 a.m. - 4:00 p.m.				
下 午 營 Happy Hour Camp			下午 3 時至下午 10 時 3:00 p.m. - 10:00 p.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 2:00 p.m. - 10:00 p.m.				<input type="checkbox"/> 套餐 <input type="checkbox"/> 燒烤

備 註：  
此表格上之個人資料除作上述用途外，本局將不時透過直接郵遞、電郵、電話、手機短訊及傳真等途徑，向閣下提供有關本局動向、服務推廣及籌募活動等的資訊，屆時將需要使用閣下存於本局之聯絡資料與閣下通訊。如不擬收取，請與保良局營務組聯絡或在以下方格內加「✓」號後交回本局，電話：2277 8678 或傳真：2882 3391。

本人不欲收取任何如上所述的保良局宣傳郵件。

Your personal data provided in this form will be used for the above purpose. The Kuk may use your personal data in the database of the Kuk to send you the most updated information relating to our services and development through various channels such as direct mailing, email, telephone, SMS or facsimile, etc. If you do not wish to receive such materials, please contact Recreational Services Department or put a 「✓」 in the box below and send back to Po Leung Kuk through Tel: 2277 8678 or Fax: 2882 3391

I do not wish to receive the promotion materials from Po Leung Kuk as specified above.

聲 明：  
本團體同人／家庭成員自當遵守 貴營簡則。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／家庭之申請。

We will comply with all regulations and conditions set out for the use of the camp, and will take full responsibility in the event of any violation of the regulations and conditions 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.

負責人姓名  
Representative

先生／女士／小姐 Mr. / Ms. / Miss \_\_\_\_\_

職位  
Position \_\_\_\_\_

團體印鑑及負責人簽署  
Organization's Chop & Signature \_\_\_\_\_

日期  
Date \_\_\_\_\_

請將填妥之表格寄交香港禮頓道66號或傳真至2882 3391保良局康樂服務部。  
Please complete this form and send it to Recreational Services Department, Po Leung Kuk, 66 Leighton Road, Hong Kong, or fax to 2882 3391.