

8 Gascoigne Road Kowloon

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Web Site: http://www.hkgga.org.hk E-mail: booking@hkgga.org.hk

Campsite Adventure 4 hours activities Application Form

Please fill in the form in detail and will base on the following information create a 4-hours adventure activity for your organization

Applicant's Name			Name of	Name of Organization / Unit No. (School Name)			
Contact Tel No / Mobile No			E-mail	E-mail			
Reserved Booking	3						
Yes (Camp	p Date:)				
☐ No (Applic	ant need to con	ntact Campsites	and Property	Department res	serving cam	p date before application)	
Reserved Campsit	te						
☐ Jockey Club Yuen Long Recreation Centre ☐ Pok Hong Campsite							
☐ Jockey Club Beas River Lodge ☐ Sandilands Centre							
Adventure 4 hours	s activities info	ormation					
Activities Date			Tir	Time period:			
8-12 participants (Member: \$1,200 Non-Member: \$1,400)							
Number of participants	☐ 13-24 participants (Member: \$2,400 Non-Member: \$2,800)						
	24-36 participants (Member: \$3,600 Non-Member: \$4,200)						
	☐ 36-48 participants (Member: \$4,800 Non-Member: \$5,600)						
	☐ 12-60 participants (Member: \$6,000 Non-Member: \$7,000)						
Participants Age	□ 6-11 □12-14 □15-17 □18-54 □55 or above						
Activities	☐ Experience of Adventure activity ☐ Team building for team trust						
Objectives	☐ Problem solving and strategies training ☐ Communication and trust leaning						
Others activities in							
reach the age of 21 of hold valid Hong Kor 4. Application will of	or over or have the fing identity card. Only be confirmed AL DATA POLICY	he HONG KONC 3. Applicant m d upon receipt of The personal data	G GIRL GUIDE ust reserve the camp booking provided will be u	ES ASSOCIATION camp date before apayment. Used for the relevant according to the relevant accor	N recognized application ar	purpose. 2. Applicant must valid qualification holder and ad all payment must be settled GGA can provide the personal data to	
1 0						Q.	
pplicant's Signature Date				Organization/Company Chop			
			OFFICE USI	E ONLY			
Application No		Date for fax this form to Site		Date of Receiving the Equipment		Signature of Caretaker	
Invoice No	Date of Payment	Amount (\$)	Receipt No	Signature	Cost Centre		
					Signature for A	approval of Internal Charge	
Damarks		Pafund			1		