



CAMP ACTIVITIES APPLICATION FORM

Name of Organization / Individual

Booking Date

Leader's Name

Contact Number

Email

Number of Participants

Age Range

PART A: SELECTING ACTIVITIES

- Purchase by Item during Opening Hours only

OPENING HOURS

Archery, Rope Course

0930-1100/1100-1230/1400-1530/1600-1730

Sport Climbing & Abseiling

1000-1200/1400-1600/1600-1800

Date (D/M)	Time	Activities	Person
/	: to :		
/	: to :		
/	: to :		
/	: to :		

Date (D/M)	Time	Activities	Person
/	: to :		
/	: to :		
/	: to :		
/	: to :		

Remarks

1. Campers must wear sporting attire, including closed toe footwear, and bring sufficient water for the activities.
2. To avoid accident, the group leader must be made aware of any health conditions associated with their campers and ensure that they are fit and able to take part in the activities. If there are campers with any particular physical conditions, such as heart attack, fractures or asthma, they must inform our instructor in advance.
3. For safety reason, campers must listen to instructor full briefing before the activities starts.
4. All participants should assemble at our reception on time. Late comer would not be served.

Person-in-charge Signature and Organization Chop Date (D / M / Y)

* The contracting parties hereby declare that nothing in this Contract confers or purports to confer on any third party and benefit or any right to enforce any term of this Contract pursuant to the Contract (Rights of Third Parties) Ordinance (Cap. 623)

PART B: CONFIRM ACTIVITIES

STAFF ONLY

Thank you for choosing our lodge for your forthcoming camping. We would like to confirm your activities as per below:

Date (D/M/Y)	Time	Activities	Person	Price
/	: to :			
/	: to :			
/	: to :			
/	: to :			
/	: to :			
/	: to :			
/	: to :			

* Activities invoice will be sent soon, please pay according to the invoice due date.

Total