



梁紹榮度假村  
Sydney Leong Holiday Lodge

OFFICIAL USE ONLY  
Accept application, No:  
Camp is full / not enough vacancy provided please re-apply  
for another date

Staff in charge

Date

## 2025/2026 Lifewide Outdoor Exploration Camp Registration Form

\*Please delete as appropriate

School Details

Name of School: \_\_\_\_\_

School Type: \_\_\_\_\_

School Level: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Camp Application

		Camp Period (dd/mm/yyyy)	Remarks
<input type="checkbox"/> 3Day2Night	Nov to Mar (no-air con): \$462.5 Apr to Oct (air con): \$510	/ / to / /	1. Only accepts requests from Monday to Friday. 2. Package includes Accomodation, 6 meals (Set B) and 1 activities room. 3. The minimum booking for this package is 40 campers. 4. School is required to pay \$25 / person deposit to confirm the booking.
<input type="checkbox"/> 5Day4Night	Nov to Mar (no-air con): \$925 Apr to Oct (air con): \$1,020		

No. of Participating students <small>(If there is any change of participating numbers of students, please inform the camp office concerned immediately)</small>	Key Stage	Primary		Secondary		Teachers/School appointed supervising team	
		Boys	Girls	Boys	Girls	Male	Female
	Total						

Activities

Activities: \*Camp Activites / Self-Organized

Main theme: \_\_\_\_\_

Objective(s) / Elements of the camp

(Please put a number in the appropriate box begins with the most important objective as "1" and the next one as "2" accordingly):

	Personal or/ Life Skills /Positive Values & Attitudes Development		National Education
	To nurture life skills		Knowing Chinese Culture
	To learn and experience the nature		Training Camp (Please specify):
	Leadership Training / Team Building & Inter-personal Skill Development		Subject- based (Please specify):
	Career and Life Planning Activities		Others (Please specify):
	Value Education		

Contact

In the process of organization the camp info.

School i/c in the camp info.

Name of teacher: \_\_\_\_\_ \*Mr/Mrs/Miss

Name of teacher: \_\_\_\_\_ \*Mr/Mrs/Miss

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Name of School Head: \_\_\_\_\_

Signed by School Head: \_\_\_\_\_

School Chop

Date: \_\_\_\_\_