



梁紹樂度假村  
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

## 2026-2027 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"/>	2 Day 1 Night	Nov to Mar (no-air con): \$232 Apr to Oct (air con): \$255	/ / to / /		1. Only accept booking from Monday to Friday. 2. Package includes Accomodation, 6 meals (Set B) and an 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"/>	3 Day 2 Nights	Nov to Mar (no-air con): \$463 Apr to Oct (air con): \$510						
<input type="checkbox"/>	5 Day 4 Nights	Nov to Mar (no-air con): \$925 Apr to Oct (air con): \$1,020						
No. of Participating students <small>If there is any change in the number of participating students, please inform the camp office immediately.</small>	Grade	Primary		Secondary				
		Boys	Girls	Boys	Girls	Male	Female	
	Total							

Activities

Activities: \*Camp Activities / 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):

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

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: \_\_\_\_\_