



Scout Association of Hong Kong

Camp Application Form

Please read the respective Booking Guide carefully before completing this form.

For Office Use Only

Received on _____	Scout Unit <input type="checkbox"/> Non-Scout Unit <input type="checkbox"/>
Fee(s) _____	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>
Cash / Bank _____	Application No. _____
Received by _____	Due Date _____
	Cheques No. _____
	Receipt No. _____

(A) Application for Camp / Centre (Please tick "✓" one appropriate box only.)

<input type="checkbox"/> Tung Tsz Scout Centre (TTZ)	Tel: 2665 8082 Fax: 2666 6191 e-mail: ttz@scout.org.hk	<input type="checkbox"/> Tai Tam Scout Centre (TTM)	Tel: 2813 8150 Fax: 2813 7391 e-mail: ttm@scout.org.hk
<input type="checkbox"/> Tai Mei Tuk Sea Activity Centre (TMT)			
<input type="checkbox"/> Shatin Scout Centre (STC)			
<input type="checkbox"/> Choi Chee Ming Luen Kwong Scout Centre (CCMLK)			
<input type="checkbox"/> Pak Sha Wan Tam Wah Ching Sea Activity Centre (PSW)	Tel: 2719 8979 Fax: 2358 2177 e-mail: psw@scout.org.hk	<input type="checkbox"/> Gilwell Campsite (GIL)	Tel: 2957 6481 Fax: 2302 1163 e-mail: gilwell@scout.org.hk

(B) Particulars of applicant (The personal data and other related information provided herein will be used by the Camp / Centre for dealing with the application and its related purposes. The provision of personal data and other related information by means of the application form is voluntary. However, submission of inaccurate or inadequate data may cause delay or failure in processing the application.) * Delete whichever is inapplicable.

Scout Unit / Name of Organization	
Title of event	
Name of applicant of Scout Unit / Organization	(Mr./Miss/Ms.)*
Contact telephone number	Day Time _____ Mobile _____ Fax _____
Name of Programme-in-charge	(Mr./Miss/Ms.)*
Correspondence address	
Contact telephone number	Day Time _____ Mobile _____ Fax _____

(C) Camp period and number of participants

Nature of Camp	Period		No. of Participants			Facilities Required (Please tick "✓" the appropriate box.)					
	1 st Choice	2 nd Choice	Male	Female	Total	Facilities	TTZ	TTM	PSW	GIL	STC
Day Camp						Hall					
Evening Camp						Activities Room/ Lecture Room					
Tent Camp						Campfire Circle					
Residential Camp						BBQ Area					

(D) Number of boats and crafts required (For booking of Pak Sha Wan / Tai Tam / Tai Mei Tuk Sea Activity Centre only.)

Type	Capacity	No. of Crafts	Date	Time ^(Note 1) (Please tick "✓" the appropriate box.)	Instructor(s) Required
Canoe	1 person			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day	person (s)
Canoe	2 persons			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day	person (s)
Sailing Dinghy	1 person			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day	person (s)
Sailing Dinghy	2 persons			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day	person (s)
Standard Boat	7 persons			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day	person (s)
Windsurfer	1 person			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day	person (s)
Dragon Boat ^(Note 2)	10 persons			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day	person (s)
Dragon Boat ^(Note 3)	20 persons			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day	person (s)

Note 1 : Time : AM(09:30 to 12:30) PM(13:30 to 16:30) Whole Day (09:30 to 16:30)

Note 2 : Available at Tai Mei Tuk Sea Activity Centre & Pak Sha Wan Tam Wah Ching Sea Activity Centre.

Note 3 : Only available at Pak Sha Wan Tam Wah Ching Sea Activity Centre.

(E) I confirm that the information given above are correct and agree to abide by the rules and conditions set out by the Camp / Centre.

Signature of Applicant	Organization Chop	Name : _____
		Address : _____
Date		