



The Hong Kong Buddhist Association
Chan Ma Mee York Memorial Camp
Application Form

Official Use:

☐ 接納申請，編號：_____

☐ 不接納，原因 _____

負責職員：_____

處理日期：_____

Part I: Applicant Particulars

Name of Organization /Applicant:			
Organization Groups(see the note):	<input type="checkbox"/> Schools <input type="checkbox"/> NGOs <input type="checkbox"/> Youth and Uniformed Groups <input type="checkbox"/> NSAs <input type="checkbox"/> Government Departments <input type="checkbox"/> Religious Organizations <input type="checkbox"/> Community Organization <input type="checkbox"/> Commercial Sector <input type="checkbox"/> Self-organized Group <input type="checkbox"/> Others(Please specify)_____		
Address:			
Tel.:		Fax:	
Responsible person:	Name: (Mr/Ms)	Tel:(Office)	(Mobile)
	Fax:	E-mail:	

Part II: Check-in Information (please fill in as appropriate)

Activity Name:			
Activity Type:	<input type="checkbox"/> Education <input type="checkbox"/> Sports activities <input type="checkbox"/> Religious activities <input type="checkbox"/> Meditation <input type="checkbox"/> Training <input type="checkbox"/> Leisure <input type="checkbox"/> Others(Please specify: _____)		
Participant:	<input type="checkbox"/> age 15 or below <input type="checkbox"/> age 15-24 <input type="checkbox"/> age 25-39 <input type="checkbox"/> age 40-60 <input type="checkbox"/> age 60 or above		
	<input type="checkbox"/> Male: ____person <input type="checkbox"/> Female: ____person	Total Participant :	

Part III: : Booking Information

Type :	<input type="checkbox"/> Day Camp 09:00-17:00 <input type="checkbox"/> Evening Camp 14:00-21:00	
	<input type="checkbox"/> Tent Camp <input type="checkbox"/> Hostel 15:00- 13:00 (The Next Day)	
Date :	From	To
Booking Types	Charges (per night)	
	November to March (NON-A/C)	April to October (With A/C)
A. Group Hostel (14 persons)	<input type="checkbox"/> ____ Units \$1,400.00/Room	<input type="checkbox"/> ____ Units \$1,700.00/ Room
B. Family Hostel (5 Persons)	<input type="checkbox"/> ____ Units \$620.00/Room	<input type="checkbox"/> ____ Units \$750.00/Room
C. Tatami (Japanese style room) (8 Persons)	<input type="checkbox"/> ____ Units \$760.00/Room	<input type="checkbox"/> ____ Units \$960.00/Room
D. Tatami (Japanese style room) (7 Persons)	<input type="checkbox"/> ____ Units \$665.00/Room	<input type="checkbox"/> ____ Units \$840.00/Room
E. Reserve Half Camp : General group	<input type="checkbox"/> ____ Night \$6,630/Night	<input type="checkbox"/> ____ Night \$7,800/Night
Designated non-profit organization	\$5,870/Night	\$7,400/Night
Designated Buddhist organization	\$5,400/Night	\$6,700/Night
F. Reserve Full Camp : General group	<input type="checkbox"/> ____ Night \$10,100/Night	<input type="checkbox"/> ____ Night \$12,800/Night
Designated non-profit organization	\$9,800/Night	\$11,570/Night
Designated Buddhist organization	\$9,200/Night	\$10,500/Night



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Part IV: : Meals (The order must be confirmed two weeks before the rental)

Type Date	Breakfast (Unit) \$38	Lunch (Unit)		Dinner (Unit)		Barbecue Set (Unit)\$160
		\$60 Set	\$60 Box	\$60 Set	\$60 Box	

Part V : Venue-booking

Venues	Date & Time	Apply A/C, please " ✓ "	Venues	Date & Time	Apply A/C, please " ✓ "
Assembly Hall With A/C \$180 NON- A/C \$90			Activity Room1 With A/C \$60 NON- A/C \$30		
Night Session \$500					
Recreation Room (for Activities) With A/C \$50 NON- A/C \$25			Activity Room2 With A/C \$60 NON- A/C \$30		

Part VI: : Bowling Greens

Rink	Date	Time	Rental of Bowls (Free) please " ✓ "
1(closest to the door)			
2			
3			

Part VII: : Equipment (Please fill in the date and amount)

Items	Date	Time	Unit Price	Quantity	Subtotal Charges

We will comply with all regulations and conditions set out for the use of the Camp, and will take full responsibility in the event of any violation of the regulations and conditions and any accidents however caused. I certify that I have the authority to bind our group by signing this application with organization chop.

Signature and Company Chop of Applicant