

## Grand Palisades

## Application for Interest Class/Tour/Function 興趣班/旅遊/單項活動申請表

Application Ref. \_\_\_\_\_

申請表編號: \_\_\_\_\_

**(I) Fill in by Applicant 由申請人填寫****Details of the Activity 活動詳情**

Name of Interest Class/Tour/Function 興趣班/旅遊活動/單項活動名稱	:	_____		
Interest Class/Tour/Function Code 興趣班/旅遊活動/單項活動編號	:	_____		
Commencement Date/Period 開辦日期/時期	:	Date 日期	Week 星期	Time 時間
Venue (if applicable) 地點 (如適用)	:	_____		

**Details of Applicant 申請人資料**

Name of Applicant 申請人姓名	:	_____		
Contact phone no. 聯絡電話	:	Sex 性別	Age 年齡:	_____
Unit 單位	:	Tower 座	Floor 樓	Flat 室
Smart card no. 智能咭號碼	:	_____		
Title of Official Receipt 正式收據之抬頭人 <sup>1</sup>	:	_____		
Name of Guardian 監護人姓名 <sup>2</sup>	:	_____		

**Other Participants (if applicable) 其他參加者 (如適用)**

Name 姓名	Smart Card No. (if any) 智能咭號碼 (如有)
1. _____	_____
2. _____	_____
3. _____	_____

**(II) Fill in by CSC/Clubhouse Staff 由客戶服務中心/會所職員填寫****Fee Details 收費詳情**

Cheque no. - bank 支票號碼 - 銀行	:	_____	-
Total Fee 費用(合計)	:	@HK \$	X pax.人數 = HK\$

**(III) Declaration 聲明****(1) Applicants aged 18 or above must sign this declaration 年滿十八歲或以上的申請人須填寫此聲明**

I declare that: I am healthy, physically fit, and suitable to participate in the above activity. (Name of management company), the Agent(s), the organizer(s) and/or officer(s) should not be responsible or liable for any injury or death which I may suffer in this activity, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness. 我聲明:我的健康及體能良好,適宜參加上述活動。如果我因本人的疏忽或健康或體能欠佳,而引致於參加這項活動時傷亡,(管理公司名稱)或其他代理人/主辦人/有關職員無須負責。

**(2) For applicants aged below 18, this part should be completed by his/her parent or guardian 未滿十八歲的申請人須由家長或監護人填寫此聲明**

I declare that: \_\_\_\_\_(applicant's name) is healthy, physically fit, and suitable to participate in the above activity. (Name of management company), the Agent(s), the organizer(s) and/or officer(s) should not be responsible or liable for any injury or death which the participant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness. 我聲明:\_\_\_\_\_(參加者姓名)的健康及體能良好,適宜參加上述活動。如果申請人因他/她的疏忽或健康或體能欠佳,而引致於參加這項活動時傷亡,(管理公司名稱)或其他代理人/主辦人/有關職員無須負責。

Applicant/Guardian Signature's 申請人/監護人簽署	Handled By 經手人	Checked By 檢查
Date 日期:	Date 日期:	Date 日期:

**(IV) Refund Confirmation (if applicable) 退款確認 (如適用)**

Endorsement of Receiver 領取人簽署	Handled By 經手人
Date 日期:	Date 日期:

1. An official receipt will be issued once the activity is confirmed. 活動一經落實開辦,申請人將獲發正式收據。
2. A guardian must sign the application for the age of sixteen or below applicant. 十六歲或以下的申請人,必須由其監護人簽署。
3. Once enrolled, charges are non-transferable and non-refundable. 活動一經報名,恕不轉人及費用恕不退還。
4. The cheque should be made payable to <Name of Payee>. 支票抬頭請填寫<收款人名稱>。

**Temporary Receipt 臨時收據**

Application Ref. 申請表編號: \_\_\_\_\_

Name of Applicant 申請人姓名:	Unit 單位:	Tower 座	Floor 樓	Flat 室
Name of Activity 活動名稱:	Activity Code 活動編號:			
Date/Period 日期/期限:	Venue 地點:			
Cheque no. - bank 支票號碼 - 銀行	Total Fee 費用(合計):			
Handled By 經手人	Date 日期:			

Please bring along this receipt when the activity commenced or refund is required. 活動當日或退款時,請帶同此收據作核對

\* 因名額有限,先到先得。請於 \_\_\_\_\_ 或之前交票,以便處理閣下之申請。 \*

\* Due to limited spaces, kindly have the cheque ready on or before \_\_\_\_\_, application is based on first come first serve. \*

Company  
Chop