寶血靜院 新界粉嶺龍躍頭一號橋
Precious Blood Retreat House at No.1 Bridge, Lung Yeuk Tau, Fanling, N.T.
Tel：(852) 2669 6022 / Fax：(852) 2669 6020 Email：spbrhhk@gmail.com

申請表格 Application Form

編號 No:
本院填寫 SPBRH use only

Before completing this form, please read carefully the following instructions. All fees and charges are non-refundable.

1. Fill out correctly the required information. Submit the application form by email or by fax for approval.
2. Confirmation procedures:
   - The deposit, being 50% of the full amount of fees must be paid within 7 days from the Date of Approval.
   - The balance amount of the fees must be paid in full 30 days (1 month) prior to the Booked Retreat Date.
3. Cheques should be properly crossed and made payable to "PRECIOUS BLOOD RETREAT HOUSE".
4. Incompleteness of application and confirmation procedures, the applicant will be cancelled without prior notice.
5. For approved group retreat applicant, 30 days prior to the Booked Retreat Date, must submit the group retreat activity schedule and the Use of the Rental Function Rooms & AC Form* by email for function room arrangement.

☐ Individual Retreat
Please Select: ☐ Day Camp ☐ Overnight*

☐ Group Retreat
Please Select: ☐ Day Camp ☐ Overnight*

Retreat Date: From: To:

Retreatant(s):	Adult (Total):	Room Allocation*	*Male**	*Female**
	Student (Total):		*Male**	*Female**

Applicant- Individual	Name:		
Telephone/Mobile:		Email:	
Correspondence Address:			
Request for Spiritual Director: ☐Yes ☐No	*Note (if applicable):*		
☐Catholic ☐ Other Christian Denominations			
Applicant-Group Retreat Name of Parish/Church/Organization:			
Name of Person-in-Charge:		Position/Role:	
Telephone/Mobile:	Fax:	Email:	
Correspondence Address:			
Spiritual Director	Name:	*Note (if applicable):*	

Rental Function Room charges are calculated per session:
Use of Function Room ☐ Yes ☐ No
Use of Function Room with Projector ☐ Yes ☐ No

☐ I/My group, will comply to submit the Retreat Activity Schedule and the Use of Rental Function Rooms & AC Form, 30 days prior to the Booked Retreat Date.

Arrival Time:
Day Camp ☐ 9:00 am ☐ 9:30 am
Overnight* ☐ 3:00 pm ☐ 3:30 pm

☐ I/My group will check-out and return room key to the office before 12:30pm

Departure Time:
☐ 3:30 pm
☐ 4:30 pm

☐Parking Vehicle License No.:

Note (if applicable):

Overnight*	$	x Adult:	= $	*Note (if applicable):*
	$	x Student:	= $	
	No. of night	x night(s)		
Day Camp	$	x Adult:	= $	*Note (if applicable):*
	$	x Student:	= $	

Total fees:	Overnight*$	Function Room$	Day Camp$	Total$ 50% deposit$

☐I have read and agreed to comply with the application instructions and confirmation procedures and confirm that the information provided above in this form is correct.

Applicant signature : Date of application:

SPBRH use only	*Date of Approval:*		
Deposit $	*Due Date*	*Payment Date*	*Receipt no.*
Balance $	*Due Date*	*Payment Date*	*Receipt no.*