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香港野外訓練中心

Hong Kong Wilderness Training Centre

E-mail: admin@hkwtc.com.hk Tel:6238-9161(Billy Tse)

Course Application Form			
Name: (Last Name)	(Family Name)		Sex:
Age:	Date of Birth	ID No	
Tel:	(Mobile) En	nail:	
Address:			
Occupation:	_	less:	
Emergency Contact:		Tel:	
Course No.	Course Title	Fee	
How did you find out about our course? (Can select multiple)			
□Website □ Email □ Facebook □WhatsApp □ Friends □ Others:			
Disclaimer:			
I declare that I am physically fit any other individual directly or i to any accident, death, or loss of I agree that, during the program,	for this training program. I hereby ndirectly related to this training pr	agree that the Hong Kong ogram, shall have no resp ing the program, or as a res s set by the Instructor, the	consibility or liability with respect sult of participating in the program. Hong Kong Training Centre has
Signature:	Date:_		-
Participants under the age of 18 must have signed consent from parents/guardians: I consent to let my child participate in the training program stated above			
Parent's/Guardian's Name:	Signat	ure:	-
Bank acc. No.: HSBC 809-736 2. Write down the participant's na 3. Use clear handwriting when fill 4. Please mail a filled Application 5. All fees are nonrefundable 6. All rights reserved by the Hong *We will take reasonable steps	ame, phone no., and course title at the ling in this form, as some of the inform a Form, together with a cheque or bank g Kong Wilderness Training Centre to secure the information you have pro-	back of the cheque nation may be used for issuin a transfer receipt, to our Train ovided above	ning Centre
I (Agree / Do not Agree) to receive promotional emails from HKWTC (Please delete as not appropriate)			

Remarks: