

St. Paul's House of Prayer
Application Form (Group)

2, Kam Tsin Road, Sheung Shui
Tel : 26713799
Fax : 26684866
Email : spchop@biznetvigator.com

Name of Group/Organization : _____

Name of Spiritual Director(s)/Directress(es) : _____

Person In-charge : _____ Tel : _____

Corresponding Address : _____

Email Address : _____ Fax : _____

Religion : Catholic Christian

Date of Visit :

From : _____ (Day) _____ (Month) _____ (Year)

To : _____ (Day) _____ (Month) _____ (Year) Total : _____ Day(s)

Day Camp (9:00am – 4:00pm)

Over-Night Camp (4:00pm – following day 3:00pm)

*If time of arrival / departure is not within the specified time, please specify : _____

Purpose of Visit : Retreat Spiritual gathering Others : _____

No. of Visitors :

Adults (age 18 or above) : _____ (Including Spiritual Directors/Directresses)

Students (F.1 – F.7) : _____ Total no. of Visitors : _____

Signature of Person In-charge : _____ Date : _____

Remarks :

1. Please arrange deposit of 50% of total visitation cost upon receipt of HOP invoice. Please note confirmation of booking is subject to the receipt of deposit payment. Balance payment must be made 2 weeks before visit. Please arrange cheque made payable to "St. Paul's House of Prayer", attention to the Superior, Sister Stella YICK.
2. If there are any group activities that will be held in the chapel, please send us the time-table by email or fax of those group activities at least 1 week before date of visit.
3. Please refer to our website for information regarding our house, fees and house rules. Website address: http://srspc.org.hk/en/retreat_house.php. (If computer is needed, please bring along your own).

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For official use only

Deposit : _____ Bank : _____ Chq.No. : _____ Date : _____ Inv.No. : _____

Balance : _____ Bank : _____ Chq.No.: _____ Date : _____ R. No. : _____

St. Paul's House of Prayer
Application Form (Individual)

2, Kam Tsin Road, Sheung Shui
Tel : 26713799
Fax : 26684866
Email : spchop@biznetvigator.com

Name of Applicant : (Mr. / Miss / Mrs.) _____

HKID No. : _____ (First alphabet & 4 digits) Tel. : _____

Address : _____

Email Address : _____ Fax : _____

Name of Employer : _____ Tel. : _____

Person of Recommendation : _____ Tel : _____

Name of Emergency Contact Person : _____ Tel : _____

Religion : Catholic Christian

Date of Visit :

From : ____ (Day) ____ (Month) ____ (Year)

To : ____ (Day) ____ (Month) ____ (Year) Total : ____ Day(s)

Day Camp (9:00am – 4:00pm)

Over-Night Camp (4:00pm – following day 3:00pm)

*If time of arrival/departure is not within the specified time, please specify : _____

Purpose of Visit : Retreat Others : _____

Signature of Applicant : _____ Date : _____

Remarks :

1. Please arrange deposit of 50% of total visitation cost upon receipt of HOP invoice. Please note confirmation of booking is subject to the receipt of deposit payment. Balance payment must be made 2 weeks before visit. Please arrange cheque made payable to "St. Paul's House of Prayer", attention to the Superior, Sister Stella YICK.
2. Please refer to our website for information regarding our house, fees and house rules. Website address: http://srspc.org.hk/en/retreat_house.php

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Deposit : _____ Bank : _____ Chq.No. : _____ Date : _____ Inv.No. : _____

Balance: _____ Bank : _____ Chq.No.: _____ Date : _____ R. No. : _____