

Halloween Party 2024

Date 日期: 25/10/2024 (Friday)

Time 時間: 晚上 7:00pm-9:00pm

Venue 地點: Club Siena 海澄湖畔會所 - Siena Room I-II

Age 年齡: 4 - 8 years old 歲

Fee 費用

Member 會員: Free 免費

Member's Guest 會員賓客: HK\$100

1 Mini Halloween
Costume
Catwalk Show
萬聖節服飾
Catwalk Show

2 Tattoo Sticker
and Photo Booth
紋身貼紙攤位及
照相亭

3 
PIÑATA

4 D.I.Y. Cake
Pops
Workshop
蛋糕棒棒糖
手作坊

Enrollment Deadline 截止報名日期: 18/10/2024

Limited quota is available on a first-come-first-served basis.

名額有限，先到先得

1) Kids under 6 years old must be accompanied by an adult or guardian holding a valid membership card of DBRC.

6歲以下兒童須由持有有效康樂會會員證之成人或監護人陪同參與。

2) Shot photo of the event may be published in various media such as website and printed materials of DBRC.

活動期間所拍攝之拍照將用於不同媒體，包括愉景灣康樂會之網站或刊物。

Enquiries 查詢: 2987 7382 / dbrc-lessons@dbrc.hk

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Date 日期: 25 Oct 2024 (Friday)

Venue 地點: Club Siena-Siena Room I-II 海澄湖畔會所

Age 年齡: 4-8 years old 4-8歲

Time 時間: 晚上7:00 pm –9:00 pm

Fee 費用: Free, \$100 refundable Deposit ******(Member 會員) \$100 (Member's Guest 會員賓客) **Enrolment Deadline 截止報名日期: 18 Oct 2024***** Kids under 6 years old must be accompanied by an adult or guardian holding a valid membership card of DBRC***** 6歲以下兒童須由持有有效康樂會會員證之成人或監護人陪同參與。***** \$70 entrance fee would be charged for non-member guardian who do not have valid membership card for the event if the member parent is not available. All fees are non-refundable unless your application is not accepted.***** 如家長無法陪同參與活動，而非會員監護人陪同，本會將收取 70元的人場費。除非您的申請不被接受，否則所有費用均不退還。******\$100 deposit will be refunded to the membership account after the event, unless no show or cancellation notice is given later than 17 Oct.******活動結束後，\$100按金將退還至會員帳戶。除非沒有出現；或於 10月17日之後才發出取消通知。**

Participant's Name 參加者姓名:			
Date of Birth 出生日期:		Gender 性別:	
Membership No. 參加者會員號碼: (For 6 years old or above, are required to hold a valid membership card in order to enjoy the member rate)	Please write down the new membership no. _____ - _____ (e.g. Z000001-030)		Non-Member 非會員 <input type="checkbox"/>
Guardian's Name who attending the event 當日出席監護人姓名:	_____	Contact No. 聯絡電話	_____
**E-mail Address 電郵地址:			

**** Minimum number of enrolments is required to confirm the event, participants will be advised on or before 20 August.****** 本活動設有最低報名人數要求，已報名的人士會在 10月20日或之前收到最終活動的安排。****Confirm and agree that the Club will take photographs of the event and the above participant and these photographs may be published in the Club & the community media such as the website and newsletter of the Club.****確認並同意本會將對活動和上述參與者進行拍照，這些照片可能會在本會和社區媒體（包括本會網站和新聞通訊）上發布。**

*Guardian's Name

*Guardian's Signature

Date

*監護人姓名:

*監護人簽署:

日期: