

# 2019 錦光聖地靈命啟迪之旅 (8/9至 19/9) 報名表

旅客姓名 英文 \_\_\_\_\_ 中文 \_\_\_\_\_  
 Passenger Name: English \_\_\_\_\_ Chinese \_\_\_\_\_  
 (與旅遊證件上之姓名相同之正楷)

出生日期及地點 \_\_\_\_\_ 性別 \_\_\_\_\_ 婚姻狀況 \_\_\_\_\_  
 Date of Birth & Place \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

住宅地址 \_\_\_\_\_ 電話 \_\_\_\_\_  
 Home Address \_\_\_\_\_ Tel \_\_\_\_\_

旅遊證件號碼 \_\_\_\_\_ 國籍 \_\_\_\_\_ 電郵 \_\_\_\_\_  
 Travel Document No. \_\_\_\_\_ Nationality \_\_\_\_\_ E-Mail Address \_\_\_\_\_

簽發日期 \_\_\_\_\_ 期滿日期\* \_\_\_\_\_ 簽發地點 \_\_\_\_\_  
 Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_ Place of Issue \_\_\_\_\_

職業 \_\_\_\_\_  
 Occupation \_\_\_\_\_

身份証號碼 \_\_\_\_\_ 簽發日期 \_\_\_\_\_  
 I D Card No. \_\_\_\_\_ Date of Issue \_\_\_\_\_

酒店房間 \_\_\_\_\_ 單人房 \_\_\_\_\_ 雙人房 \_\_\_\_\_ 同房旅客名稱 \_\_\_\_\_  
 Accommodation \_\_\_\_\_ SGB \_\_\_\_\_ Half-Twin \_\_\_\_\_ Name of Room Mate \_\_\_\_\_

特別需求 \_\_\_\_\_  
 Special Requirement \_\_\_\_\_

\*由出發日起計, 旅遊證件須有效期六個月或以上

\_\_\_\_\_  
 Signature of Passenger 團友簽署

家牧推薦簽署: \_\_\_\_\_ 家名: \_\_\_\_\_

FOR OFFICE USE ONLY	Single Rm Supplement		Agency Stamp
	Travel Document		
	H.K. Airport Tax		
	Visa		
	Visa		
Date of Booking _____ TWB _____ SWB _____			BKG/MADE BY: _____
Deposit _____ Receipt No _____			TEL: _____
Balance _____ Checked By _____			DATE: _____