

HONG KONG MACAU GENERAL AVIATION

APPLICATION FORM B — SCHOOL / COLLEGE GROUP

ADVENTURE FLIGHTS & FLIGHT CAMPS | ONLINE SUBMISSION VIA SKYAPPLY

One application per school group, submitted by the responsible teacher. Student roster may be uploaded as an attachment (Excel/PDF) for large groups.
No fees are shown on this form — the fee is quoted by HKMGA after approval.

1 SCHOOL / INSTITUTION

SCHOOL / COLLEGE / UNIVERSITY NAME	_____
TYPE	☐ SECONDARY ☐ COLLEGE ☐ UNIVERSITY ☐ OTHER: _____
ADDRESS	_____
MAIN CONTACT PERSON & POSITION	_____
PHONE / EMAIL	_____ / _____
BILLING CONTACT & INVOICE DETAILS	_____

2 PROGRAM SELECTION

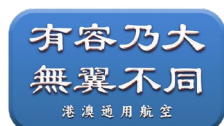
TOUR CODE / TITLE	_____ / _____
EDITION / DEPARTURE DATE	_____
GROUP SIZE — STUDENTS / TEACHERS	____ / ____ (aircraft capacity limits apply; teacher free-place ratio per quotation)
DEPARTURE CITY / MEETING POINT	_____

3 RESPONSIBLE TEACHER(S)

LEAD TEACHER — NAME / POSITION	_____
MOBILE / EMAIL	_____ / _____
ADDITIONAL TEACHER(S)	_____

SUPERVISION ACKNOWLEDGEMENT

☐ I acknowledge that the school provides supervision by at least one accompanying teacher throughout the trip.



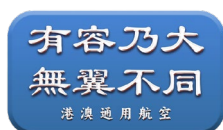
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4 STUDENT ROSTER (ONE ROW PER STUDENT)

#	FULL NAME (AS PASSPORT)	DOB	G	NATIONALITY	PASSPORT NO. + EXPIRY	MEDICAL / ALLERGIES	DIETARY	EMERGENCY CONTACT (NAME & PHONE)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								

Roster may be uploaded as an attachment (Excel/PDF) if group size exceeds form capacity.



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5 PARENTAL CONSENT PACK

PARENTAL CONSENTS

☐ For each student under 18, the school submits the signed parental consent covering: participation & medical authorization, liability release, and media consent (Yes/No per student).

UPLOAD CONSENT PACK _____

☐ Required before departure; batch e-signature supported.

GROUP ROOMING PLAN — BOYS ____ GIRLS ____ TEACHERS ____ SPECIAL ROOMING NEEDS: _____

6 MEDICAL & FITNESS SUMMARY

GROUP MEDICAL SUMMARY (CONDITIONS AFFECTING FLYING, ALLERGIES, MEDICATION)	_____
DOCTOR'S CERTIFICATES UPLOADED WHERE REQUIRED	☐ YES ☐ NOT APPLICABLE

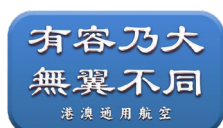
7 VISA SUPPORT

STUDENTS REQUIRING VISAS	_____ (nationality mix attached: ☐ YES ☐ N/A)
INVITATION LETTERS / ITINERARY DOCUMENTS	☐ REQUIRED ☐ NOT REQUIRED

8 INSURANCE

SCHOOL GROUP TRAVEL INSURANCE	☐ HELD — INSURER: _____ POLICY NO.: _____
HKMGA GROUP POLICY REQUEST	☐ We request HKMGA to arrange the group travel insurance policy for the whole group (premium payable per participant)

Upload: policy document.



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9 DECLARATIONS & SIGNATURES

BY E-SIGNATURE, THE AUTHORISED SCHOOL OFFICER CONFIRMS:

- ☐ The school accepts the HKMGA Adventure Flights & Flight Camp Participation Agreement for the group, including payment terms (full payment at application where the per-person fee is under HKD 15,000; otherwise 60% deposit and 40% balance, total due at least 4 months before departure) and the cancellation/refund policy (refunds may take up to 2 months).
- ☐ The school has collected and submits the parental consents required by Section 5.
- ☐ The school consents to photography/filming of the group per the media consents collected in Section 5.
- ☐ Visa applications for students and teachers are the responsibility of each traveller and the school.

E-SIGNATURE OF PRINCIPAL / AUTHORISED OFFICER

Date

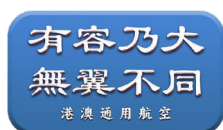
SCHOOL CHOP (IF APPLICABLE)

Date

10 PAYMENT – AFTER HKMGA APPROVAL

QUOTATION REFERENCE (QT NO.)	_____
PURCHASE ORDER NO. (OPTIONAL)	_____
PAYMENT	Per the quotation and Participation Agreement — full payment at application for per-person fees under HKD 15,000; otherwise 60% deposit at acceptance and 40% balance due at least 4 months before departure. School invoice schedule available on request.

Application does not guarantee a place; confirmation follows admin approval, aircraft capacity and payment.



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