

## Dawn Island Open Day Registration Form

1. **School / Organization / Church Name:** \_\_\_\_\_

2. **Unit to Visit:** Dawn Island Drug Treatment and Rehabilitation Centre

3. **Date of Visit:**

October 24, 2026 (Saturday)       13 November 28, 2026 (Saturday)

4. **No. of Visitors:** \_\_\_\_\_

5. **Visitor Background** (*such as age, academic or career background, etc.*)

\_\_\_\_\_  
\_\_\_\_\_

6. **Contact Person:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
(Mr / Ms)

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

*Remarks: This form must be completed for our record and confirmation purpose.*

Company Chop
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### For office use only

Application approved

Application disapproved

Reason: \_\_\_\_\_

Suggestion: \_\_\_\_\_

Staff on Duty: \_\_\_\_\_