

修訂日期：2026年1月

香港聾人福利促進會  
西貢聰鳴茶座  
團體/學校訂餐表格

地址：西貢蕉坑獅子會自然教育中心

電話：2791-0834

圖文傳真：2792-0684

(逢星期二休息)

機構名稱：\_\_\_\_\_ 電話：\_\_\_\_\_

聯絡人：\_\_\_\_\_ 緊急聯絡電話：\_\_\_\_\_ 傳真號碼：\_\_\_\_\_

地址：\_\_\_\_\_

惠顧日期：\_\_\_\_\_ (星期\_\_\_\_\_) 時間：\_\_\_\_\_

I) 請先參考餐牌，將所需要訂購的食物類型、份數、價錢及總金額，填於下列空格內：

旅行餐盒 每份\$48(每款最小訂 10 份)	旅行餐盒 每份\$62(每款最小訂 10 份)	滋味飯盒 每份\$68(每款最小訂 10 份)
<input type="checkbox"/> A 款_____份	<input type="checkbox"/> D 款_____份	<input type="checkbox"/> G 款_____份
<input type="checkbox"/> B 款_____份	<input type="checkbox"/> E 款_____份	<input type="checkbox"/> H 款_____份
<input type="checkbox"/> C 款_____份	<input type="checkbox"/> F 款_____份	

共訂購\_\_\_\_\_份 價錢：\_\_\_\_\_ 總金額：\_\_\_\_\_

II) 團體於惠顧日期前七天 (即\_\_\_\_年\_\_\_\_月\_\_\_\_日) 繳交訂金 (即\$\_\_\_\_\_ )，其餘款額請於惠顧前一天支付。

經手人簽署：\_\_\_\_\_ 日期：\_\_\_\_\_

經手人姓名：\_\_\_\_\_ 機構蓋章：\_\_\_\_\_

備註：

1. 團體需於惠顧日期前七天繳交總數 50%，作為訂金，訂單一經確認將不能更改。
2. 請將訂金存入香港聾人福利促進會恒生銀行戶口：267-265205-001 (THE HK SOC FTDCI)
3. 入賬後，請將入數記錄 [whatapps 63795711](https://www.whatsapp.com) 或電郵至 [cafe@deaf.org.hk](mailto:cafe@deaf.org.hk) 聰鳴茶座作實。
4. 餘款於惠顧前一天繳交，如需用支票繳付，抬頭請寫上「THE HONG KONG SOCIETY FOR THE DEAF CAFETERIA LTD」。
5. 除包場外，恕不留座。(餐盒及飯盒不算作包場食物)
6. 茶座於八號颱風及黑色暴雨警告訊號下會暫停營業，故訂購團體請留緊急聯絡電話，方便聯絡。
7. 如因 8 號颱風或黑雨關係延期，請儘早通知茶座，該訂單可在一個月內更改一次，恕不退回訂金。

# The Hong Kong Society For the Deaf Cafeteria Meal Order Form

Tel: 2791-0834

Fax: 2792-0684

Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Meal Date: \_\_\_\_\_ Time: \_\_\_\_\_

I) Please refer to the menu first, and fill in the following boxes with the type of food, number of servings, price and total amount you want to order:

Travel Meal Box@ \$48 <i>(Minimum: 10 for Each)</i>	Travel Meal Box@ \$62 <i>(Minimum: 10 for Each)</i>	Flavor Lunch Box @\$68 <i>(Minimum: 10 for Each)</i>
<input type="checkbox"/> Set A _____ Box(es)	<input type="checkbox"/> Set D _____ Box(es)	<input type="checkbox"/> Set G _____ Box(es)
<input type="checkbox"/> Set B _____ Box(es)	<input type="checkbox"/> Set E _____ Box(es)	<input type="checkbox"/> Set H _____ Box(es)
<input type="checkbox"/> Set C _____ Box(es)	<input type="checkbox"/> Set F _____ Box(es)	

Total Boxes: \_\_\_\_\_

Total Price: \_\_\_\_\_

II) Please pay 50% of the deposit (\$ \_\_\_\_\_ ) seven days before the meal date, and the remaining amount should be paid in cash on the day.

Sign (person in charge): \_\_\_\_\_ Date: \_\_\_\_\_

Name (person in charge): \_\_\_\_\_ Trop: \_\_\_\_\_

**Remarks:**

1. Please pay 50% of the deposit seven days before the meal date. Once the order is confirmed, it cannot be changed.
2. Please pay to "The Hong Kong Society for the Deaf Cafeteria Ltd" (Hang Seng Bank: 267-265205-001)
3. Send the record to the Cafeteria by whatapps 63795711 or email: [cafe@deaf.org.hk](mailto:cafe@deaf.org.hk)
4. The balance must be paid the day before your purchase. If you need to pay by cheque, please make it payable to "The Hong Kong Society for the Deaf Cafeteria Ltd"
5. The food for private room does not include meal boxes and lunch boxes.
6. The Cafeteria will be closed under typhoon No. 8 and black rainstorm warning signal. Therefore, please leave an emergency contact number for ordering groups to facilitate contact.  
If the delay is due to typhoon No.8 and black rain, please inform the cafe as soon as possible. The order can be delayed for one month and changed once, and the deposit will not be refunded.