

Reasons

## APPLICATION FORM FOR RENTING VENUE AND FACILITIES

INFORMATION OF APPLYING ORGANIZATION							
Name							
Address					Fa	nx	
Person in charge			Day time Telephone No		Email		
Contacted person			Day time Telephone No.		Email		
ACTIVITIES							
NAME				Target			
Types							
Aim/Purpose	e				ted Number of articipants		
VENUE TO BE RENTED							
Location of venue	f						
			FACILITIES T	O BE RENTE	Z <b>D</b>		
Location of the facilities							
the facilities							
	DU	RATION OF F	RENTING			D FOR THE D	SEDJ
Month		RATION OF F	RENTING Time	Air- condition	RESERVE Number of hours x the rent		SEDJ Total
Month					Number of hours	Extra charge for	
Month					Number of hours	Extra charge for	
Month					Number of hours	Extra charge for	
Other					Number of hours	Extra charge for	
Other request  * Certain venu Responsibility Our group correspond thereof.	Date/D  les require extra  Statement: (ple )/institution pro	Day of the week  a charge for air conditate check the box) mises to comply stri	Time	the relevant rules.	Number of hours x the rent	Extra charge for	Total
Other request  * Certain venue Responsibility Our group correspond thereof.  Date	Date/D	a charge for air condi- ease check the box) mises to comply stri prevention measure	Time	the relevant rules.	Number of hours x the rent  elines issued by the p/institution will be	Extra charge for air-condition *  health department and ear all the responsibil	Total
Other request  * Certain venu Responsibility Our group correspond thereof.	Date/D	a charge for air condicase check the box) mises to comply stri prevention measure.	Time  ition; please refer to a certification of the	the relevant rules.  ic prevention guide gligence, our grou	Plines issued by the p/institution will be mature of the personal transfer of the personal trans	Extra charge for air-condition *	Total
* Certain venu Responsibility Our group correspond thereof.  Date Year	Date/D  Description of the second of the sec	a charge for air condicase check the box) mises to comply stri prevention measure	Time	the relevant rules.  ic prevention guide gligence, our grou	Polines issued by the p/institution will be mature of the person	Extra charge for air-condition *  health department and ear all the responsibil	d implementities arising
Other request  * Certain venue Responsibility Our group correspond thereof.  Date Year  Your organ	Date/D  Description of the second of the sec	a charge for air condicase check the box) mises to comply stri prevention measure	Time  ition; please refer to a control of the contr	the relevant rules.  ic prevention guide gligence, our grou	elines issued by the p/institution will be nature of the personal beautiful	health department and ear all the responsibile on in charge and sea	d implementities arising
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Other request  * Certain venue Responsibility  Our group correspond thereof.  Date Year  Your organ time.  Approved  All per According	Date/D  Date/D	a charge for air condicase check the box) mises to comply stri prevention measure.  Day	Time  ition; please refer to the second with the epidem s. If there is any negative second with the second	the relevant rules.  ic prevention guide gligence, our group Sign DR THE DSE pose within the circle	elines issued by the p/institution will be nature of the personature o	health department and ear all the responsibile on in charge and sea	d implementaties arising

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