

APPLICATION FORM FOR RENTING VENUE AND FACILITIES

INFORMATION OF APPLYING ORGANIZATION						
Name						
Address					Fax	
Person in charge			Day time Telephone No		Email	
Contacted person			Day time Telephone No.		Email	
ACTIVITIES						
NAME					Target	
Types <input type="checkbox"/> Meeting <input type="checkbox"/> Lecture <input type="checkbox"/> Exhibition <input type="checkbox"/> Party <input type="checkbox"/> Competition <input type="checkbox"/> Practice <input type="checkbox"/> Others (Please specify)						
Aim/Purpose					Expected Number of participants	
VENUE TO BE RENTED						
Location of venue						
FACILITIES TO BE RENTED						
Location of the facilities						
DURATION OF RENTING				RESERVED FOR THE DSEJ		
Month	Date/Day of the week	Time	Air-condition	Number of hours x the rent	Extra charge for air-condition *	Total
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
Other request						

* Certain venues require extra charge for air condition; please refer to the relevant rules.

Date _____
 Year Month Day

 Signature of the person in charge and seal

RESERVED FOR THE DSEJ						
<input type="checkbox"/> Your organization can use the venue/facilities for the above purpose within the circled time.				Signature and date		
<input type="checkbox"/> Approved		Venue		Facilities		Responsible officer
All period of time		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> According to the period of time on the right						Approver
<input type="checkbox"/> Sorry for not being able to provide the venue/facilities for your organization.						
Reasons						