

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 DSEDJ		
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.

Responsibility Statement: (please check the box)

- ☐ Our group/institution promises to comply strictly with the epidemic prevention guidelines issued by the health department and implement corresponding epidemic prevention measures. If there is any negligence, our group/institution will bear all the responsibilities arising thereof.

Date _____
 Year Month Day

 Signature of the person in charge and seal

RESERVED FOR THE DSEDJ			
<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 All period of time According to the period of time on the right	Venue <div style="text-align: center;"><input type="checkbox"/></div>	Facilities <div style="text-align: center;"><input type="checkbox"/></div>	Responsible officer
<input type="checkbox"/> Sorry for not being able to provide the venue/facilities for your organization. Reasons			Approver