

Serial No. _____
編號

APPLICATION FOR USE OF FACILITIES IN DISCOVERY BAY / TUNG CHUNG COMMUNITY HALL *
租用 * 愉景灣 / 東涌 社區會堂設施申請表

Section A 甲部

To: Officer in charge, Discovery Bay Community Hall / Tung Chung Community Hall*
致 愉景灣社區會堂 / 東涌社區會堂* 負責人

1. Applicant
申請機構

Name: (English) (英文) _____
名稱
(Chinese) (中文) _____

Address: _____
地址
Tel. No. _____ Fax. No. _____
電話 傳真

2. Co-organizer (Please fill in if appropriate) 協辦機構 (如有請填寫)

Name: (English) (英文) _____
名稱
(Chinese) (中文) _____

Address: _____
地址
Tel. No. _____ Fax. No. _____
電話 傳真

3. Date of function _____ Time: From _____ am/pm to _____ am/pm
活動日期 時間：由上 / 下午 至上 / 下午

4. Description of activity to be held:
擬舉辦活動簡介

Name of function (English 英文) _____
活動名稱
(Chinese 中文) _____

Objectives: _____
目的

Target of service: _____ Estimated No. of participants: _____
服務對象 預計參加人數

Admission charges: Yes No
收費 是 否

If yes, please state the amount chargeable per head.

如要收費，請說明每名參加者須繳費用款額。

5. Facilities applied for (Please read Annex I. For use of furniture and equipment, please also specify type and quantity.) 申請租用的設施 (請參閱附件一。如需借用傢具及器材，請註明類別及數量。)

Venue 場地	Air-Conditioning 空氣調節	Other facilities, please specify 其他設施 (請註明)
Hall (*Including/Excluding Stage) 禮堂 (*包括/不包括舞台)		
Dressing Rooms (Male/Female) 化妝室 (男/女)		
Conference Room 會議室		
Badminton Court 羽毛球場		
Others 其他 (Please specify 請註明_____)		

6. Application for exemption from payment of charges: Yes / No
是否擬申請豁免收費：是 / 否

I hereby declare that I / and co-organizer* belong to the following groups of organizations (* Please delete as appropriate) 本機構現謹聲明本機構/協辦機構是屬於以下團體 (*請刪去不適用者)。

Applicant Co-organizer Please "✓" the appropriate box

申請機構 協辦機構 (請在適當的空格內填上「✓」號)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. subvented welfare agencies 資助福利團體 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. subvented educational institutions, subvented schools or non-profit making schools
資助教育機構、津貼學校或非牟利學校 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Offices of the Legislative Councillors and District Councillors 立法會議員辦事處和
區議員辦事處 |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. charitable organizations 慈善團體 |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. non-profit making organizations (Note: Please submit valid supporting documents or
the organization's constitution) 非牟利團體(註：請提交有效證明文件或會章) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. local committees recognized by the Government 政府認可地方委員會 |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Government Departments 政府部門 |

(If more than one co-organizer, please use a separate sheet to list out their groups of organizations as required above. 如多於一個協辦機構，請按以上要求另紙列出它們所屬的團體類別。)

I understand that in applying for exemption for payment of charges, the applicant and the co-organizer (if any) should satisfy the conditions set out in Annex II and should not take any profit out of the activity.

本人明白如申請豁免收費，申請人及其協辦機構(如有)必須符合附件二內之豁免收費條件，並不可從活動中賺取利潤。

I hereby declare that I have read and agreed to observe the conditions for use of the above facilities as set out in Annexes I & II attached to this form.

本人已細閱本表格附件一及附件二及所載租用上述設施的條件，並同意遵守各項規定，特此聲明。

Official stamp of applicant
(applicable to applicant
organisation only)
申請機構的正式印鑑
(只適用於以機構名義
提出的申請)

Signature 簽署：_____

Name 姓名：_____

Position 職位：_____

Date 日期：_____

Note 附註:

Information provided in this form will be used for assessment of application, notification of results, calculation of utilisation rates, collection of fees (if any) and record keeping purposes.

本表格所載的資料，會用於評估申請、把結果通知申請者、計算使用率、收取費用 (如需要的話) 以及保存有關的紀錄。