

Application No. : _____

Form A

Fax.: 2675 4414

APPLICATION FORM FOR USE OF FACILITIES IN COMMUNITY HALLS (CHs)/COMMUNITY CENTRES (CCs)

(Only Applicable for Hiring the Facilities in Community Halls(CHs)/Community Centre(CC) on or after 1 January 2015)

Please “✓” the appropriate box.

Section A

Application for use of:

<input type="checkbox"/> Cheung Wah Community Hall	<input type="checkbox"/> Luen Wo Hui Community Hall
<input type="checkbox"/> Wo Hing Community Hall	<input type="checkbox"/> North District Community Centre
<input type="checkbox"/> Ta Kwu Ling Community Hall	<input type="checkbox"/> Sha Tau Kok Community Hall

1. Applicant organisation

Name: _____ (Chinese)
_____ (English)

Address: _____

_____ Name of contact person: _____

Fax No.: _____ Tel No.: (Office hour) _____ (Non-office hour) _____

E-mail: _____

(If an e-mail address is provided here, it shall be presumed that the applicant is willing to receive the approval letter for the use of facilities by e-mail.)

☐ Successfully applied for the use of facilities in CHs/CCs in the last 12 months

2. Co-organiser (Please fill in if appropriate)

Name: _____ (Chinese)
_____ (English)

Address: _____

_____ Name of contact person: _____

Fax No.: _____ Tel No.: (Office hour) _____ (Non-office hour) _____

3. Types of application and timeslots [To ensure better use of public resources, each organization is allowed to use not more than four timeslots for holding continuous activities and two timeslots for holding non-continuous one-off activities per week. Bookings on Saturdays and Public Holidays (except Sundays) for non-continuous one-off activities need not counted. In addition, bookings for multi-purpose hall and meeting room / activity room will be counted separately.]

(I) a) Booking for single session on Saturdays and Public Holidays (Except Sundays)

☐ Date of activity: _____ Day of the week _____

Time of activity: From _____ a.m./p.m. to _____ a.m./p.m.
(Including time for venue set-up and time for venue clean-up after activity)

b) Single session from Mondays to Fridays, Sundays (Except Public Holidays)

- ☐ Each organization is allowed to use not more than two timeslots for holding non-continuous one-off activities per week. Please “✓” the appropriate timeslot in the table below. (Note 1)
- ☐ Booking of the entire hall / conference room / stage meeting room / activity room (Please delete where appropriate)

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Sunday
9 a.m. to 11 a.m.						
11 a.m. to 1 p.m.						
2 p.m. to 4 p.m.						
4 p.m. to 6 p.m.						
6 p.m. to 8:30 p.m.						
8:30 p.m. to 11 p.m.						

Note 1: Not applicable to public holidays.

(II) Block Booking

- ☐ Block Booking (Each organization is allowed to use not more than four timeslots for holding continuous activities), please “✓” the appropriate timeslot in the table below. (Note 1)
- ☐ Booking of the entire hall / conference room / stage meeting room / activity room (Please delete where appropriate)

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Sunday
9 a.m. to 11 a.m.						
11 a.m. to 1 p.m.						
2 p.m. to 4 p.m.						
4 p.m. to 6 p.m.						
6 p.m. to 8:30 p.m.						
8:30 p.m. to 11 p.m.						

Note 1: Not applicable to public holidays.

4. Description of activity to be held

Name of activity: _____

Type of activity : ☐ Mass Variety Function/Ceremony ☐ Meeting/Seminar ☐ Course/Training
☐ Rehearsal ☐ Others, please specify _____

Objectives: _____

Target of activity : (i) ☐ Open (for all)
(ii) ☐ Open (for a specific group of people)
(a) ☐ Residents of North District (b) ☐ Children/Youth
(c) ☐ Elderly (d) ☐ Disabled
(iii) ☐ For members/tenants
(vii) ☐ Others, (please specify): _____

Estimated number of participants: _____

Admission charges: Yes# ☐ No ☐

For those applicant organisations holding fee-charging activities and applying to exempt the charges for using the facilities (refer to para. 7 below), they should submit Form C to NDO for vetting.

5. Application for mounting stage banner on activity day

Size: Length _____ m x Width _____ m

Content of the banner and/or poster: _____

(Please provide the relevant information such as a copy of the banner and/or poster, otherwise NDO may not be able to process the application. Applicants who cannot provide the information immediately may indicate the date of submission for the necessary action of NDO.)

6. Application for use of facilities (Please “✓” the appropriate box).

Venue	Air-Conditioning	Other facilities (Please specify the quantity in the bracket)
<input type="checkbox"/> Hall	<input type="checkbox"/> Required	<input type="checkbox"/> Stackable Chairs () <input type="checkbox"/> Foldable Tables () <input type="checkbox"/> Public Address System <input type="checkbox"/> Mic Stand () <input type="checkbox"/> Wireless Handheld Mic () (please bring your own batteries) <input type="checkbox"/> Display Board () <input type="checkbox"/> Table-tennis table () <input type="checkbox"/> Projector <input type="checkbox"/> Screen <input type="checkbox"/> Locker with key (Male/ Female) () <input type="checkbox"/> Stage Lighting
<input type="checkbox"/> Dressing Rooms (Male/Female)	<input type="checkbox"/> Required	
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Required	
<input type="checkbox"/> Stage Meeting Room	<input type="checkbox"/> Required	
<input type="checkbox"/> Badminton Court (Inside the hall)	<input type="checkbox"/> Required	
<input type="checkbox"/> Activity Room	<input type="checkbox"/> Required	
<input type="checkbox"/> Basketball Court (Outdoor)		

Hires should deploy their own qualified technicians to operate the stage lighting and sound consoles, if necessary, as well as arrange seats and arrange seats and conduct venue clearance after use by themselves.

I understand that if I submit Form B after the submission of application, NDO will also make the arrangement as far as practicable. Since some stores/equipment may be on loan or being repaired, I understand that submitting the application as early as practicable will enhance the chance to book the stores/equipment successfully.

7. Application for exemption from payment of charges for use of facilities: *Yes/No (* Delete as appropriate)

I hereby declare that *I/and the co-organiser belong to the following groups of organisations (* Delete as appropriate).

Applicant Co-organiser Please “✓” the appropriate box

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Subvented welfare agencies (Note) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Subvented educational institutions, subvented schools or non-profit making schools (Note) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Offices of the Legislative Councillors and District Councillors |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Charitable organisations (Note) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Non-profit making organisations (Note) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Local committees recognised by the Government |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Government departments |

(Note: Please submit valid supporting documents)

(If there are more than one co-organisers, please use a separate sheet to list out the category of the organisations as required above.)

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Form A

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

8. I hereby declare that I have read and agree to observe the conditions for use of the above facilities as set out in the Guidelines and its Annexes attached to this form.

Official stamp of applicant
(applicable to the applicant organisation
only)

Signature : _____

Name : _____

Position : _____

Date : _____

Note :

The personal data provided in this form will be used for the processing of applications for use of facilities in CHs/CCs. They may be disclosed to relevant parties for the same purpose. For correction of or access to the personal data thus provided, please write to the Access to Information Officer, North District Office, 3/F, North District Government Offices, 3 Pik Fung Road, Fanling, N.T. For enquiries on the application for use of CHs/CCs, or requests for amendments to the details of the activities to be organised, please call 2675 1720 or 2675 1609.

Application No. : _____

Form B

Fax.: 2675 4414

North District Office
Booking Form for Community Halls (CHs)/Community Centres (CCs) Stores/Equipment
for On-site Use

(For applicant who wishes to book the equipment after submission of Form A)

Please “✓” the appropriate box

Applicant organisation

Name: (Chinese) _____

(English) _____

Address: _____

_____ Name of contact person: _____

Fax No.: _____ Tel No.: (Office hour) _____ (After office hour) _____

E-mail address: _____

Our organisation had been approved for the use of _____ Community Hall /Community Centre*

☐ Hall

☐ Dressing Room (Male/Female)

☐ Conference Room

☐ Classroom ☐ Meeting Room ☐ Badminton Court ☐ Others(Please specify _____)

On _____ (Date) from _____ a.m./p.m. to _____ a.m./p.m.

We wish to apply for the following stores/equipment (please specify quantity)

☐ Stackable Chairs ()

☐ Folding Tables ()

☐ Public Address System

☐ Mic Stand ()

☐ Wireless Handheld Mic ()

(Please bring your own batteries)

☐ Display Board ()

☐ Table-tennis table ()

☐ Projector

☐ Screen

☐ Locker with key (Male/ Female) ()

☐ Stage Lighting

Hires should deploy their own qualified technicians to operate the stage lighting and sound consoles, if necessary, as well as arrange seats and arrange seats and conduct venue clearance after use by themselves.

I understand that if I submit Form B after the submission of application, NDO will also make the arrangement as far as practicable. Since some stores/equipment may be on loan or being repaired, I understand that submitting the application as early as practicable will enhance the chance to book the stores/equipment successfully.

I hereby declare that I have read and agreed to observe the conditions for use of the above facilities as set out in the Guidelines and Conditions on the Use of Facilities Available in a CH/CC and its Annexes attached to this form.

Official stamp of the applicant organisation

Signature: _____

Name: _____

Post: _____

Date: _____

*Delete as appropriate

Note :

The personal data provided in this form will be used for the processing of applications for use of facilities in CHs/CCs. They may be disclosed to relevant parties for the same purpose. For correction of or access to the personal data thus provided, please write to the Access to Information Officer, North District Office, 3/F, North District Government Offices, 3 Pik Fung Road, Fanling, N.T. For enquiries on the application for use of CHs/CCs, or requests for amendments to the details of the activities to be organised, please call 2675 1720 or 2675 1609.

Estimates of Income and Expenditure for Fee-charging Activity**收費活動收支預算表**

Please complete the following statement and return it with the Application Form for Use of Facilities in Community Hall / Community Centre to North District Office.

請填妥以下的收費活動預算表，並連同租用北區社區會堂/社區中心設施申請表交回北區民政事務處。

Name of activity

活動名稱： _____

Date and Time of activity

活動日期 和 時間： _____

Estimated Income 預算收入			Estimated Expenditure 預算支出			Remarks 備註
	<u>Item 項目</u>	<u>Amount 款項</u>		<u>Item 項目</u>	<u>Amount 款項</u>	
	Amount chargeable per head 每位參加者收費 HKD\$_____					
Total 總數:			Total 總數:			

Estimated Balance : ***Surplus / Deficit / Break-even**

*盈餘 / 虧損 / 收支平衡 \$

預算活動結存

Other remarks : _____

其它備註 _____

I hereby certify that the above information is true and correct.

茲證明上述資料真實無訛。

Signature 簽署： _____

Name 姓名： _____

Post 職位： _____

Official stamp of organization
(if applicable)

Name of organization :
團體名稱

申請團體正式印鑑 (如適用)

Date 日期： _____

* Delete as appropriate 請刪去不適用者