

**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**

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

Will applicant receive the result of application via email? Yes No Email address _____
申請機構會否以電郵收取申請結果 會 電郵地址

**2. Co-organiser (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**

For Tung Chung Community Hall (Partitioned Hall) on every 1000-1200 1200-1400 1400-1600
Wednesday 逢星期三東涌社區會堂分隔禮堂可租用時段: 1600-1800 1800-2000 2000-2200

**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 If yes, please state the amount chargeable per head:
收費 是 否 如要收費，請說明每名參加者須繳費用款額： _____

**5. Facilities applied for
申請租用的設施**

Facilities (Please read Annex I) 設施 (請參閱附件一)	Air-Conditioning 空氣調節	Furniture and equipment (please specify type and quantity) 傢具及器材(請註明類別及數量)
<input type="checkbox"/> Multi-purpose Hall (*Including / Excluding Stage) 多用途禮堂 (*包括 / 不包括舞台)		

<input type="checkbox"/> #Partitioned Hall (*Zone A (Including Stage) / Zone B) #分隔禮堂 (*A 區(包括舞台) / B 區) #Only applicable to Tung Chung Community Hall on every Wednesday #只適用於 東涌社區會堂 逢 星期三 訂場時段		
<input type="checkbox"/> Dressing Rooms (Male / Female) 化妝室 (男 / 女)		
<input type="checkbox"/> Conference Room 會議室		
<input type="checkbox"/> Badminton Court (For badminton playing only) 羽毛球場 (只限於進行羽毛球活動)		Net Included 連羽毛球網

6. Application for exemption from payment of charges
是否擬申請豁免收費

Yes No Please "✓" the appropriate box
是 否 請在適當的空格內填上「✓」號

I hereby declare that I / and co-organiser* belong to the following groups of organisations
本機構現謹聲明本機構/協辦機構*是屬於以下團體

Applicant 申請機構	Co-organiser 協辦機構	(Please "✓" the appropriate box) (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 organisations 慈善團體
<input type="checkbox"/>	<input type="checkbox"/>	5. Non-profit making organisations 非牟利團體
<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

(Note: Please submit valid supporting documents or the organisation's constitution)
(註：請提交有效證明文件或會章)

If more than one co-organiser, please use a separate sheet to list out their groups of organisations 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。

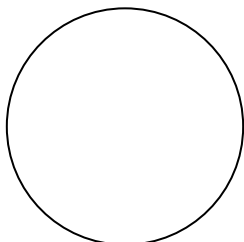
I understand that in applying for exemption for payment of charges, the applicant and the co-organiser (if any) should satisfy the conditions set out in Annex II and should not take any profit out of the activity.

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: The personal data provided in this form will be used for processing of applications for use of facilities in community halls/community centres. They may be disclosed to relevant parties for the same purpose. For correction of or access to personal data thus provided, please write to the Access to Information Officer of Islands District Office (Address: 20th Floor, Harbour Building, 38 Pier Road, Central, Hong Kong). 在這份表格所提供的個人資料會用作處理租用社區會堂/中心設施的申請。收集的資料可能會為此目的而披露予有關方面。如欲更改或查閱在本表格提供的個人資料，可以書面向離島民政事務處的公開資料主任提出(地址：統一碼頭道 38 號海港政府大樓 20 樓)。

* Please delete as appropriate *請刪去不適用者
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