

Application No.申請編號： _____

**APPLICATION FOR USE OF FACILITIES IN
KENNEDY TOWN COMMUNITY COMPLEX**

租用 堅尼地城社區綜合大樓設施申請表

Please fax the completed application form to 請將填妥之申請表傳真至：
2119 9089 for Kennedy Community Complex 堅尼地城社區綜合大樓

Section A 甲部

To: *Officer-in-charge* _____ Kennedy Town Community Complex 堅尼地城社區綜合大樓 主管
致: _____

1. Applicant 申請人/機構

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

Address: _____
地址: _____ (Please provide proof)
(請提供地址證明)

Name of Contact Person: _____ Tel. No.: _____ Fax No.: _____
聯絡人姓名: _____ 電話: _____ 傳真: _____

2. Joint Organizer(s) / Co-organizer(s) (if any) 合辦/協辦人/機構 (如有)

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

Address: _____
地址: _____

Name of Contact Person: _____ Tel. No.: _____ Fax No.: _____
聯絡人姓名: _____ 電話: _____ 傳真: _____

3. Date of function 活動日期

Date 日期 (dd/mm/yy)(日/月/年)	Time 時間	
	From 由	To 至

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) _____

Type of Function: Mass Variety Function/Ceremony 大型綜藝活動/典禮
 活動類別: Meeting/Seminar 會議/講座 Course/Training 課堂/訓練 Rehearsal 綵排
 Other, please specify 其他,請註明: _____

Objectives: _____
 目的:

Name of Officer-in-charge: _____ Emergency Tel.: _____
 活動負責人姓名: _____ 緊急聯絡電話:

Target of Service: Open (for all) 公開(所有人士)
 Open (for specific group of people) 公開(特定對象):
 服務對象: Residents in Central & Western District 中西區內居民 Children/Youth 兒童/青少年
 Elderly 長者 Disabled 傷殘人士
 其他 other: _____
 For members/staffs/tenants 會員/職員/住戶

Estimated no. of Participants: _____ Admission Charges Yes 是
 預計參加人數: _____ to participants / No 否
 audience:
 參加者/觀眾收費:

If yes, please state the amount chargeable per head.

Participants 參加者: \$ _____ / Audience 觀眾: \$ _____

如要收費，請說明每名參加者須繳費用款額。

Application for exemption from payment of charges: Yes 是
 是否擬申請豁免繳費: No 否

5. Facilities applied for (Please read "Guidelines and Conditions on the Use of Facilities". For use of furniture and equipment, please also specify type and quantity.)
申請租用的設施 (請參閱《租用設施指南和條件》。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	Common facilities (please specify quantity) 一般設施 (請註明數量)	Charges (For Official use) 收費 (由本署填寫)
<input type="checkbox"/> Function Room 活動室	<input type="checkbox"/> Required 需要 <input type="checkbox"/> Not Required 不需要	<input type="checkbox"/> PA system 廣播系統 <input type="checkbox"/> Wired microphone 有線咪 <input type="checkbox"/> TV set 電視機連 ^[1] <input type="checkbox"/> VCR/VCD/DVD* player 錄影帶/VCD/DVD*播放器 <input type="checkbox"/> LCD projector 投影機 <input type="checkbox"/> Projection screen 投影幕 <input type="checkbox"/> Visualizer 實物投影機 <input type="checkbox"/> Movable notice board 活動展板 (____) <input type="checkbox"/> Movable wyteboard 活動白板 (____) <input type="checkbox"/> Notice stand 告示牌 <input type="checkbox"/> Foldable table 摺檯 (____) <input type="checkbox"/> Umbrella stand 雨傘架 <input type="checkbox"/> Stackable chair 疊椅 (____) <input type="checkbox"/> Dancing Mattress 跳舞墊 (____) ^[2] <input type="checkbox"/> Wireless microphone 無線咪 ^{[3][4]}	Hour: _____ hr(s) Basic \$ _____ A/C \$ _____
<input type="checkbox"/> Conference Room 會議室			
* Delete as appropriate 請刪去不適用者			HK\$

Remark 附註:

- [1] TV set is only available to Function Room (1).
電視機設備只提供與活動室(1)使用。
- [2] Dancing Mattress is only available to Function Room (1) and Function Room (2).
跳舞墊設備只提供與活動室(1)及活動室(2)使用。
- [3] Wireless handheld mic. is only available to Function Room (4).
無線咪設備只提供與活動室(4)使用。
- [4] Applicant is advised to bring his/her own batteries (3 pieces of AA batteries) for wireless handheld microphones and wireless tie-clip microphones use.
申請人請自備三顆 AA 電池供無線咪及無線夾咪用。

6. I hereby declare that I / and **joint organizer(s)/co-organizer(s)*** belong to the following groups of organizations (* Please delete as appropriate)

本機構現謹聲明本機構及合辦/協辦機構是屬於以下團體 (*請刪去不適用者)。

Applicant 申請機構	Joint Organizer /Co-organizer 合辦/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 organizations 慈善團體
<input type="checkbox"/>	<input type="checkbox"/>	5. non-profit making organizations 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 organization's constitution)
(註：請提交有效證明文件或會章)

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

I agree with the displaying of the following information on the display panel at Kennedy Town Community Complex : Name, date, time and venue of function and name of applicant / organization Yes 是 No 否

本人同意讓活動名稱、日期、時間、場地及申請人/機構名稱等資訊顯示於堅尼地城社區綜合大樓顯示屏。

I understand that in applying for exemption for payment of charges, the applicant and the **joint organizer/ co-organizer** (if any) should satisfy the conditions set out in Annex II to “Guidelines and Conditions on the Use of Facilities” 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**合辦/協辦機構**(如有)必須符合《租用設施指南和條件》附件 II 內之豁免收費條件，並不可從活動中賺取利潤。

I hereby declare that **all the above information given by me is true and correct and that** I have read and agreed to observe the conditions for the application procedures and use of the above facilities as set out in “Guidelines and Conditions on the Use of Facilities” and its Annexes attached to this form.

本人**在本表格內所填的一切資料，均屬真實及正確，也**已細閱本表格夾附的《租用設施指南和條件》及其附件所載的申請手續及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 complexes/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, [Central & Western District Office at 11th 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綜合大樓/社區中心設施的申請。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，可以書面向中西區民政事務處的公開資料主任提出。(地址: 香港中環統一碼頭道 38 號海港政府大樓 11 樓)

Application Note 申請須知

1. Applicant should read carefully all the clauses stipulated in “Guidelines and Conditions on the Use of Facilities” and its Annexes prior to submitting his/her application. 申請人須於遞交申請前詳閱《租用設施指南和條件》及其附件內所載有關條款。
2. Completed application form should be submitted to the corresponding community complex. 填妥之申請表格須遞交至有關綜合大樓。

Community Complex 社區綜合大樓	Kennedy Town Community Complex 堅尼地城社區綜合大樓
Enquiry Tel. No. 查詢電話	2119 5004
Fax No. 傳真號碼	2119 9089
Address 地址	12 Rock Hill Street, Kennedy Town 堅尼地城石山街 12 號

3. The above-listed furniture and equipment may not be available for loan in case of damage, on loan or any other reasons. The Central & Western District Office reserves the right not to loan the furniture and equipment. 上述可供借用之傢具及器材可能因損壞或被借用等因素未能供借用，中西區民政事務處保留借出傢具及器材之權利。

Application No.申請編號： _____

**APPLICATION FOR USE OF FACILITIES IN
SAI YING PUN COMMUNITY COMPLEX / WESTERN DISTRICT COMMUNITY CENTRE**

租用 西營盤社區綜合大樓 / 西區社區中心 設施申請表

Please fax the completed application form to 請將填妥之申請表傳真至：
 - 2540 2812 for Sai Ying Pun Community Complex 西營盤社區綜合大樓; or 或
 - 2815 2155 for Western District Community Centre 西區社區中心

Section A 甲部

To: Officer-in-charge Sai Ying Pun Community Complex 西營盤社區綜合大樓
 致: Western District Community Centre 西區社區中心 主管

1. Applicant 申請人/機構

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

Address: _____
 地址: _____ (Please provide proof)
 (請提供地址證明)

Name of Contact Person: _____ Tel. No.: _____ Fax No.: _____
 聯絡人姓名: _____ 電話: _____ 傳真: _____

2. Joint Organizer(s) / Co-organizer(s) (if any) 合辦/協辦人/機構 (如有)

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

Address: _____
 地址: _____

Name of Contact Person: _____ Tel. No.: _____ Fax No.: _____
 聯絡人姓名: _____ 電話: _____ 傳真: _____

3. Date of function 活動日期

Date 日期 (dd/mm/yy)(日/月/年)	Time 時間	
	From 由	To 至

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) _____

Type of Function: Mass Variety Function/Ceremony 大型綜藝活動/典禮
 活動類別: Meeting/Seminar 會議/講座 Course/Training 課堂/訓練 Rehearsal 綵排
 Other, please specify 其他,請註明: _____

Objective: _____
 目的:

Name of Officer-in-charge: _____ Emergency Tel.: _____
 活動負責人姓名: _____ 緊急聯絡電話: _____

Target of Service: Open (for all) 公開(所有人士)
 Open (for specific group of people) 公開(特定對象):
 服務對象: Residents in Central & Western District 中西區內居民 Children/Youth 兒童/青少年
 Elderly 長者 Disabled 傷殘人士
 Other other: _____
 For members/staffs/tenants 會員/職員/住戶

Estimated no. of Participants: _____ Admission Charges Yes 是
 預計參加人數: _____ to participants / No 否
 audience: 參加者/觀眾收費:

If yes, please state the amount chargeable per head.

Participants 參加者: \$ _____ / Audience 觀眾: \$ _____

如要收費，請說明每名參加者須繳費用款額。

Application for exemption from payment of charges: Yes 是
 是否擬申請豁免繳費: No 否

5. **Facilities applied for** (Please read “Guidelines and Conditions on the Use of Facilities”. For use of furniture and equipment, please also specify type and quantity.)

申請租用的設施 (請參閱《租用設施指南和條件》。如需借用傢具及器材，請註明類別及數量。)

Sai Ying Pun Community Complex 西營盤社區綜合大樓

Venue 場地	Air-Conditioning 空氣調節	Other facilities, please specify quantity 其他設施 (請註明數量)	收費 Charges (For Official use 由本處填寫)
<input type="checkbox"/> Hall 禮堂	<input type="checkbox"/> Required 需要 <input type="checkbox"/> Not Required 不需要	<input type="checkbox"/> Lighting Panel (for special lighting effect) 燈光控制板(供特別燈光效果) ^[1] <input type="checkbox"/> Hi-Fi System 音響系統 ^{[1][2]} <input type="checkbox"/> Projector System 投影機系統 <input type="checkbox"/> Wired Handheld Mic. 有線咪 (____) <input type="checkbox"/> Wireless Handheld Mic. 無線咪 (____) ^[3] <input type="checkbox"/> Wireless Tie-clip Mic. 無線衣領夾咪 (____) ^[3] <input type="checkbox"/> Wireless Head Mic 無線頭式夾咪 (____) ^[3] <input type="checkbox"/> Stackable Chair 疊椅 (____) <input type="checkbox"/> Foldable Table 摺檯 (____) <input type="checkbox"/> Movable notice board 活動展板 (____) <input type="checkbox"/> Piano 鋼琴 <input type="checkbox"/> Choral Riser 合唱團台階 <input type="checkbox"/> Music stand 譜架 <input type="checkbox"/> Musical chair 樂師椅	Hour: _____ hr(s) Basic \$ _____ A/C \$ _____ Lighting \$ _____
<input type="checkbox"/> Male Dressing Room 男化妝室 <input type="checkbox"/> Female Dressing Room 女化妝室	<input type="checkbox"/> Required 需要 <input type="checkbox"/> Not Required 不需要	<input type="checkbox"/> Locker(Male) 儲物櫃(男) (____) <input type="checkbox"/> Locker(Female) 儲物櫃(女) (____) <input type="checkbox"/> Folding Table 摺檯 (____)	Basic \$ _____ A/C \$ _____
<input type="checkbox"/> Conference Room 會議室	<input type="checkbox"/> Required 需要 <input type="checkbox"/> Not Required	<input type="checkbox"/> Conference Table 會議桌 <input type="checkbox"/> Conference Chair 會議椅 (____)	Basic \$ _____ A/C \$ _____

	不需要		
			HKS

Western District Community Centre 西區社區中心

Venue 場地	Air-Conditioning 空氣調節	Other facilities(please specify quantity) 其他設施 (請註明數量)	收費 Charges (For Official use 由本處填寫)
<input type="checkbox"/> Conference Room 會議室	<input type="checkbox"/> Required 需要 <input type="checkbox"/> Not Required 不需要	<input type="checkbox"/> P.A. Equipment 廣播系統 <input type="checkbox"/> Projector System 投影機系統 <input type="checkbox"/> Wired Handheld Mic. 有線咪 (____) <input type="checkbox"/> Wireless Handheld Mic. 無線咪 (____) ^[2] <input type="checkbox"/> Stackable Chair 疊椅 (____) <input type="checkbox"/> Folding Table 摺檯 (____) <input type="checkbox"/> Movable wyte-board 活動白板 <input type="checkbox"/> Piano 鋼琴	Hour: _____ hr(s) Basic \$ _____ A/C \$ _____
			HKS

Remark 附註：

- [1] Applicant should make available an experienced technician or operator to operate the audio-visual or stage lighting panel.
申請人須提供有經驗技術員或操作員操作影音器材或燈光控制板。
- [2] The Hi-Fi System possesses four pre-set modes which serves Cantonese Opera, Drama, Seminar/Meeting and Singing performance respectively.
音響系統備有四種情境模式(包括粵劇、話劇、演講/會議及歌唱表演)供申請人選擇。
- [3] Applicant is advised to bring his/her own 2A batteries for using wireless microphones.
申請人請自備 2A 電池供以使用無線咪。

6. I hereby declare that I / and joint organizer(s)/co-organizer(s)* belong to the following groups of organizations (* Please delete as appropriate)

本機構現謹聲明本機構及合辦/協辦機構*是屬於以下團體 (*請刪去不適用者)。

Applicant 申請機構	Joint Organizer / Co-organizer 合辦/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 organizations 慈善團體
<input type="checkbox"/>	<input type="checkbox"/>	5. non-profit making organizations 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 organization's constitution)
(註：請提交有效證明文件或會章)

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

I agree with the displaying of the following information on the display panels at Sai Ying Pun Community Complex : Name, date, time and venue of function and name of applicant / organization Yes 是 No 否

本人同意讓活動名稱、日期、時間、場地及申請人/機構名稱等資訊顯示於西營盤社區綜合大樓顯示屏。

I understand that in applying for exemption for payment of charges, the applicant and the joint organizer/ co-organizer (if any) should satisfy the conditions set out in Annex II to “Guidelines and Conditions on the Use of Facilities” and should not take any profit out of the activity.

本人明白如申請豁免收費，申請人及其合辦/協辦機構(如有)必須符合《租用設施指南和條件》附件 II 內之豁免收費條件，並不可從活動中賺取利潤。

I hereby declare that **all the above information given by me is true and correct and that** I have read and agreed to observe the conditions for the application procedures and use of the above facilities as set out in “Guidelines and Conditions on the Use of Facilities” and its Annexes attached to this form.

本人**在本表格內所填的一切資料，均屬真實及正確**，也已經閱本表格夾附的《租用設施指南和條件》及其附件所載的申請手續及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 complexes/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 at Central & Western District Office, 11th 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綜合大樓/社區中心設施的申請。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，可以書面向中西區民政事務處的公開資料主任提出。(地址: 香港中環統一碼頭道 38 號海港政府大樓 11 樓)

Application Note 申請須知

1. Applicant should read carefully all the clauses stipulated in “Guidelines and Conditions on the Use of Facilities” and its Annexes prior to submitting his/her application. 申請人須於遞交申請前詳閱《租用設施指南和條件》及其附件內所載有關條款。
2. Completed application form should be submitted to the corresponding community complex/community centre. 填妥之申請表格須遞交至有關綜合大樓/社區中心。

Community Hall/Centre 社區會堂/中心	Sai Ying Pun Community Complex 西營盤社區綜合大樓	Western District Community Centre 西區社區中心
Enquiry Tel. No. 查詢電話	2540 2812	2852 3497
Fax No. 傳真號碼	2540 2812	2815 2155
Address 地址	2 High Street, Sai Ying Pun 西營盤高街 2 號	36A Western Street, Sai Ying Pun 西營盤西邊街 36 號 A

3. The above-listed furniture and equipment may not be available for loan in case of damage, on loan or any other reasons. The Central & Western District Office reserves the right not to loan the furniture and equipment. 上述可供借用之傢具及器材可能因損壞或被借用等因素未能供借用，中西區民政事務處保留借出傢具及器材之權利。

Application No.申請編號： _____

**APPLICATION FOR USE OF FACILITIES IN
FORMER WESTERN MAGISTRACY BUILDING**

租用 前西區裁判法院設施申請表

Please fax the completed application form to 請將填妥之申請表傳真至：
2815 2155 for Former Western Magistracy Building 前西區裁判法院

Section A 甲部

To: *Officer-in-charge* _____ Former Western Magistracy Building 前西區裁判法院 主管
致: _____

1. Applicant 申請人/機構

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

Address: _____
地址: _____ (Please provide proof)
(請提供地址證明)

Name of Contact Person: _____ Tel. No.: _____ Fax No.: _____
聯絡人姓名: _____ 電話: _____ 傳真: _____

2. Joint Organizer(s) / Co-organizer(s) (if any) 合辦/協辦人/機構 (如有)

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

Address: _____
地址: _____

Name of Contact Person: _____ Tel. No.: _____ Fax No.: _____
聯絡人姓名: _____ 電話: _____ 傳真: _____

3. Date of function 活動日期

Date 日期 (dd/mm/yy)(日/月/年)	Time 時間	
	From 由	To 至

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) _____

Type of Function: Mass Variety Function/Ceremony 大型綜藝活動/典禮
 活動類別: Meeting/Seminar 會議/講座 Course/Training 課堂/訓練 Rehearsal 綵排
 Other, please specify 其他,請註明: _____

Objectives: _____
 目的: _____

Name of Officer-in-charge: _____ Emergency Tel.: _____
 活動負責人姓名: _____ 緊急聯絡電話: _____

Target of Service: Open (for all) 公開(所有人士)
 Open (for specific group of people) 公開(特定對象):
 服務對象: Residents in Central & Western District 中西區內居民 Children/Youth 兒童/青少年
 Elderly 長者 Disabled 傷殘人士
 其他 other: _____
 For members/staffs/tenants 會員/職員/住戶

Estimated no. of Participants: _____ Admission Charges Yes 是
 預計參加人數: _____ to participants / No 否
 audience: _____
 參加者/觀眾收費: _____

If yes, please state the amount chargeable per head.

Participants 參加者: \$ _____ / Audience 觀眾: \$ _____
 如要收費, 請說明每名參加者須繳費用款額。

Application for exemption from payment of charges: Yes 是
 是否擬申請豁免繳費: No 否

5. Facilities applied for (Please read "Guidelines and Conditions on the Use of Facilities". For use of furniture and equipment, please also specify type and quantity.)
申請租用的設施 (請參閱《租用設施指南和條件》。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	Common facilities (please specify quantity) 一般設施 (請註明數量)	Charges (For Official use) 收費 (由本署填寫)
<input type="checkbox"/> Function Room 活動室	<input type="checkbox"/> Required 需要 <input type="checkbox"/> Not Required 不需要	<input type="checkbox"/> PA system 廣播系統 <input type="checkbox"/> Wired handheld microphone 有線咪 (____) <input type="checkbox"/> Wireless handheld microphone 無線咪 (____) <input type="checkbox"/> Wireless head microphone 無線頭式夾咪 (____) <input type="checkbox"/> Microphone desk stand 座檯式咪座 (____) <input type="checkbox"/> Microphone floor stand 座地式咪座 (____) <input type="checkbox"/> Blur-ray player 藍光播放器 <input type="checkbox"/> LCD projector 投影機 <input type="checkbox"/> Projector screen 投影幕 ^[1] <input type="checkbox"/> LCD TV for projection 投影用電視 ^[2] <input type="checkbox"/> Movable notice board 活動展板 (____) <input type="checkbox"/> Movable wyteboard 活動白板 (____) <input type="checkbox"/> Notice stand 告示牌 (____) <input type="checkbox"/> Foldable table 摺檯 (____) <input type="checkbox"/> Stackable chair 疊椅 (____) <input type="checkbox"/> Dancing mattress 跳舞墊 (____) ^[1]	Hour: _____ hr(s) Basic \$ _____ A/C \$ _____
<input type="checkbox"/> Conference Room 會議室			HK\$

* Delete as appropriate 請刪去不適用者

Remark 附註:

[1] Projector screen and dancing mattress are only available to Function Room.
 投影幕及跳舞墊設備只提供予活動室使用。

[2] LCD TV for projection is only available to Conference Room
 投影用電視只提供予會議室使用。

[3] Applicant is advised to bring his/her own batteries for using wireless handheld microphones (2 pieces of AA batteries) and wireless head microphones (1 piece of AA batteries).
 申請人請自備以使用無線咪(兩顆 AA 電池)及無線頭式夾咪(一顆 AA 電池)。

6. I hereby declare that I / and **joint organizer(s)/co-organizer(s)*** 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 申請機構	Joint Organizer / Co-organizer 合辦/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 organizations 慈善團體
<input type="checkbox"/>	<input type="checkbox"/>	5. non-profit making organizations 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 organization's constitution)
(註：請提交有效證明文件或會章)

(If more than one **joint organizer /co-organizer**, please use a separate sheet to list out their groups of organizations as required above. 如多於一個**合辦/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 **joint organizer/co-organizer** (if any) should satisfy the conditions set out in Annex II to “Guidelines and Conditions on the Use of Facilities” 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**合辦/協辦機構**(如有)必須符合《租用設施指南和條件》附件 II 內之豁免收費條件，並不可從活動中賺取利潤。

I hereby declare that **all the above information given by me is true and correct and that** I have read and agreed to observe the conditions for the application procedures and use of the above facilities as set out in “Guidelines and Conditions on the Use of Facilities” and its Annexes attached to this form.

本人**在本表格內所填的一切資料，均屬真實及正確，也**已細閱本表格夾附的《租用設施指南和條件》及其附件所載的申請手續及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 complexes/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, [Central & Western District Office at 11th 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綜合大樓/社區中心設施的申請。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，可以書面向中西區民政事務處的公開資料主任提出。(地址: 香港中環統一碼頭道 38 號海港政府大樓 11 樓)

Application Note 申請須知

1. Applicant should read carefully all the clauses stipulated in “Guidelines and Conditions on the Use of Facilities” and its Annexes prior to submitting his/her application. 申請人須於遞交申請前詳閱《租用設施指南和條件》及其附件內所載有關條款。
2. Completed application form should be submitted to the corresponding building.. 填妥之申請表格須遞交至有關大樓。

Community Hall/Centre 社區會堂/中心	The Former Western Magistracy Building 前西區裁判法院
Enquiry Tel. No. 查詢電話	2852 3497
Fax No. 傳真號碼	2815 2155
Address 地址	2A Pokfulam Road, Hong Kong 香港薄扶林道 2 號 A

3. The above-listed furniture and equipment may not be available for loan in case of damage, on loan or any other reasons. The Central & Western District Office reserves the right not to loan the furniture and equipment. 上述可供借用之傢具及器材可能因損壞或被借用等因素未能供借用，中西區民政事務處保留借出傢具及器材之權利。