

明愛堅道中心公眾會堂租借申請表

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此表格須於二零____年____月____日前填妥交還香港堅道2號，明愛堅道中心404室，地區事務協調辦事處收，否則預定之申請可被取消。

申請人姓名：_____ 電話：_____ 身份證號碼：_____

負責團體：_____ 職位：_____

通訊地址：_____

負責團體之資料：此乃*私人 / *商業 / *慈善 / *非牟利 / *宗教，而目的為：

活動資料：(名稱及性質)：_____ 預計人數：_____

日期	時間		(a) 表現 (b) 綵排	所需設施	日期			辦事處專用 費用 \$
	由	至			I	II	III	
				✓	✓	✓		
I			* (a) /	堂租				
			* (b)	冷氣				
				通風				
II			* (a) /	舞台燈				
			* (b)	擴音系統				
				追燈				
III			* (a) /	整理座位				
			* (b)	技術員工				
				其它費用				
				總額：				

- 備註： 1) * 請將不適用者刪去
 2) 租用各項設施，請在“所需設施”相應日期欄內加上✓號。
 3) 其它費用：A)鋼琴 B)投影機 C)銀幕 D)展板 E)無線咪 F)植物

本人欲租用明愛堅道公眾會堂，並願承擔所有因租用該會堂時而引致之損毀。

日期

申請人簽署

申請經已批准，申請人須於二零____年____月____日前繳付全部費用，支票抬頭請註明『香港明愛』，並加劃線，交往香港堅道2號，明愛堅道中心404室，地區事務協調辦事處收。如在訂定日期內未能清繳全部費用，則該會堂之申請將予取消，不另作通知。惟於批核後取消申請，仍須繳付堂租之一半行政費用，其它設施費用當可退還。

日期

明愛堅道中心大廈經理

Application for Use of Caritas Caine Road Community Hall

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Application, duly completed, should reach Local Service Coordination Office, Rm 404, Caritas Social Centre, No 2 Caine Road, HK by _____(month) _____ (date) _____ (year), failing which the provisional booking may automatically be cancelled.

Name of Applicant: _____ Tel No: _____ ID No: _____

Name of Responsible Organization: _____ Job Title: _____

Correspondence Address: _____

Particulars of Responsible Organization – The organization is a * private / * commercial / * non-profit making / * charitable / * religious organization aimed to _____

Name / Nature of the Event to be held: _____

Estimated No. of Attendees: _____ (Not more than 500 persons)

Date of Event	Time		(a) Performance / (b) Rehearsal	Services Required	Event			Office use only Charges \$
	From	To			I	II	III	
I			* (a) / * (b)	Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Air-Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II			* (a) / * (b)	Stage Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				P A System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Follow Spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III			* (a) / * (b)	Rearrangement of Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Staff (technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Other Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total:								

Note: 1)* Please delete as appropriate.

2)For "Services Required" ,please tick against those services you wish to be made available to you .

3)Other Charges: (A) Piano / (B) LCD Projector / (C) Display panels / (D) Screen /
(E) Wireless microphone / (F)Plant

The undersigned, hereby apply for use of Caritas Caine Road Community Hall, undertake to indemnify Caritas – Hong Kong of any damages arising from the use of the Hall for the purposes of holding the event mentioned above.

Date

Signature of Applicant

Applicant approved. Applicant must send in the full amount of charges detailed above by crossed cheque made payable to "Caritas – Hong Kong" to Local Service Coordination Office, Rm 404, Caritas Social Centre, No 2 Caine Road, H.K .by _____ (month) _____ (date) _____ (year) or else the booking will be cancelled, without further notice. Any cancellation of approved booking is subject to penalty equivalent to half of the rental charge. Service charges however will be refunded.

Date

House Manager, Caine Road