

## HONG KONG CENTRAL LIBRARY

Activity Room

**Important Notes :**

- (1) The Leisure and Cultural Services Department reserves all right to refuse this booking application.
- (2) When the applicant submits the booking application form, he is deemed to have read and agreed to the Booking Arrangements and all Terms and Conditions of Hire of the Activity Room of the Hong Kong Central Library.
- (3) All activities to be held at the Activity Room of the Hong Kong Central Library should be relating to arts, education, literary arts, library services and government services.
- (4) For functions involving public exhibition of films as defined under the Film Censorship Ordinance, a Certificate of Approval/Exemption is required from the Commissioner for Television and Entertainment Licensing. Please see the leaflet on "How to Apply for a Certificate of Approval/Exemption for the Exhibition of Films". Applicant should also note that they need to comply with any requirements set out in other Ordinances as may be applicable to their function(s), such as the Control of Obscene and Indecent Articles Ordinance and the Summary Offences Ordinance.

## For Official Use Only

Hirer I.D. : \_\_\_\_\_

Application No. : \_\_\_\_\_

## PART I

**Section A** (To be completed if Applicant is **an individual**)

<b>Name of Applicant</b> Mr. / Ms.*	(English)	(Chinese)
<b>Hong Kong Identity Card No. / Passport No.*</b>	<b>Tel</b>	<b>Fax</b>
<b>Address</b>		

**Section B** (To be completed if Applicant is **an organization**)

<b>Name of Organization</b>	(Registered Name)			
<b>Nature of Organization</b>	<input type="checkbox"/> Registered Charitable	<input type="checkbox"/> Registered Non-profit-making	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private
	<input type="checkbox"/> Government Department	<input type="checkbox"/> Academic Institute	<input type="checkbox"/> Religious	
<b>Address of Organization</b>				
	<b>Tel</b>	<b>Fax</b>		
<b>Name of Signatory</b> Mr. / Ms.*	(English)	(Chinese)		
<b>Position held by Signatory</b>	<b>Tel</b>	<b>Fax</b>		

Correspondence concerning this application to be sent to (Please choose **ONE** only):  Signatory  Contact Person (See Part V)

## PART II

Unit Required :  Activity Room 1  Activity Room 2

Date(s) and Time Required (Minimum 2 consecutive hours per session) :

	DATE	TIME
1st choice	_____	_____
2nd choice	_____	_____

## PART III

<b>Name of Event</b>	(English)	(Chinese)
<b>Nature of Event: Event is related to</b> <input type="checkbox"/> arts <input type="checkbox"/> education <input type="checkbox"/> literary arts <input type="checkbox"/> library services <input type="checkbox"/> government services or <input type="checkbox"/> others: _____		
<b>Details of Event Nature</b>		
<b>Details of Event</b> (e.g. theme, title, programmes and name of artists/speakers, etc. Please specify the country of origin if there are any artists who are non-Hong Kong residents)		
<b>Commencement time of function</b>	<b>Admission Fee \$</b>	<b>/ Free*</b>

