

Fax : 2504 2091

Tel. : 2921 0503

Important Notes :

- (1) Please read the Booking Arrangements, Conditions of Use and Scale of Hire Charges before completing this application form.
- (2) Applicant shall ensure the observance by himself, his servants and agents and by all other persons admitted to any facilities hired by him of the Public Health and Municipal Services Ordinance (Cap. 132) and all subsidiary legislation made thereunder, the provisions of all applicable laws of the Hong Kong Special Administrative Region and requirements and regulations imposed from time to time by the relevant authorities applicable to the booking and/or in connection with the booking application.
- (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) The Leisure and Cultural Services Department reserves the right to accept or decline a booking application, or to cancel or terminate a confirmed booking.

For Official Use Only	
Hirer I.D. :	_____
Application No.:	_____

PART I

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

Name of Applicant Mr. / Ms.* (English) _____ (Chinese) _____

Hong Kong Identity Card No. / Passport No. *(Please fill in the first 4-characters, e.g. A123456(7) → A123) (Note: You may be required to produce your identification document to venue staff for verification)

--	--	--	--

Address

Tel _____ Fax _____ Email _____

Section B (To be completed if Applicant is an organisation)

Name of Organisation _____ (Registered English Name)

Name of Organisation _____ (Registered Chinese Name)

Nature of Organisation Commercial Non-commercial Government Bureau / Department

Form of Registration Business Registration Charitable Institution or Trust of a Public Character (under Inland Revenue Ordinance)
 Registered under Companies Ordinance Registered under Societies Ordinance
 Registration of a School Others: _____

Address of Organisation

Tel _____ Fax _____

Name of Signatory Mr. / Ms.* (English) _____ (Chinese) _____

Position Held by Signatory Tel _____ Fax _____ Email _____

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

PART II

Unit Required : Activity Room 1 Activity Room 2

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

DATE (Date/Month/Year)

TIME (Including set-up and/or rehearsal time)

1st choice _____

2nd choice _____

PART III

Name of Event (English) _____ (Chinese) _____

Nature of Event: Event is related to arts education literary arts library services government services

Details of Event (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)

Commencement time of function Admission Fee / Course Fee \$ _____ / Free*

Any sale of merchandise during the event ? Yes / No* If Yes, please specify the merchandise items at below:

Name of sponsor(s) (if any)

Name of co-presenter(s) (if any)

Co-presenter(s) must submit all relevant supporting documents for application of booking and Concessionary Rates for Non-profit Organisations Scheme (if applicable).

