



Shaw College
The Chinese University of Hong Kong
Booking Application Form

Ref : _____

Fax: 2603 5427 (Please read the Guidelines and Regulations before completion)

(Please ✓ the appropriate boxes)

Event Name: _____

Event Date: _____ **Time :** _____

Nature of Event: Lecture / Seminars Ceremony / Presentation Variety Show Tea Reception
 Meeting Other (please specify: _____)
Is the function open to public? Yes / No Admission Fees:\$ _____ No. of Users: _____

Venue		Facilities
Fu Zung Centre	<input type="checkbox"/> Fu Zung Centre	<input type="checkbox"/> Wired Microphone (Max: 1 unit)
Wen Lan Tang	<input type="checkbox"/> Multi-purpose Room (LG201)	Not applicable
	<input type="checkbox"/> Multi-purpose Room (LG403)	Not applicable
	<input type="checkbox"/> Multi-purpose Room (LG502)	<input type="checkbox"/> Projector and Projector Screen <input type="checkbox"/> Wireless Microphone (Max:2 units)
	<input type="checkbox"/> Multi-purpose Room (LG601)	Not applicable
Multi-Purpose Learning Centre	<input type="checkbox"/> Multi-purpose Learning Centre (G/F)	<input type="checkbox"/> Projector and Projector Screen <input type="checkbox"/> Wireless Microphone (Max:2 units)
	<input type="checkbox"/> Meeting Room (LG/F)	<input type="checkbox"/> TV
	<input type="checkbox"/> Meeting Room (LG/F)	<input type="checkbox"/> TV

Additional Equipment

Item	Quantity
Microphone Floor Stand	
Microphone Table Stand	
Chair (Plastic / aluminum)	

Item	Quantity
Table (2'x6')	
Table (3'x6')	
Others (please specify):	

Applicant's Information:

Department / Unit / Organization:		Endorsed by Office of Student Affairs / College Dean of Students Office (not applicable for Shaw College Student Union & Organizations): Name : _____ Date : _____
Contact Person:	Tel: _____	
Student / Staff ID:	Fax: _____	
Email address: _____		
Correspondence address: _____		
I hereby declare that : <input type="checkbox"/> <i>I have read and agreed to comply with the Guidelines & Regulations.</i> <input type="checkbox"/> <i>I shall comply and remind all users to comply with the guidelines and regulations of infection control measures.</i>		
Date : _____	(Official Seal & Signature)	

For Office Use Only:

Booking Accepted Technical Support Approved Booking Rejected (reasons): _____

Processed by : _____ Date : _____ Endorsed by : _____ Date : _____
Deposit/Charge : \$ _____ Date : _____ Handled by : _____ Receipt: # _____
Refunded : \$ _____ Date : _____ Handled by : _____