

APPLICATION FOR USE OF MULTI-PURPOSE FUNCTION ROOM (HHBMM102)

Please submit the completed form at least 2 weeks before the activity to communal.facility@polyu.edu.hk

SECTION I – PERSONAL PARTICULARS

Name	Staff No. (if any)	Contact no.	Post	Name of Department / Organisation / Unit

Other activity-in-charge
(For (smart card) access to
the venues)

Name: _____ Staff/ Student ID _____
(if any): _____

Name: _____ Staff/ Student ID _____
(if any): _____

Name of Activity: _____ (please attach activity rundown)

Objective(s):

Form of activity:	<input type="checkbox"/> Competition (excluded sports)	<input type="checkbox"/> Gathering	<input type="checkbox"/> Course / Workshop	<input type="checkbox"/> Seminar / Talk / Briefing
	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Promotion	<input type="checkbox"/> Leisure Sports	<input type="checkbox"/> Sports Training <input type="checkbox"/> Sports Competition
Nature of activity:	<input type="checkbox"/> Academic	<input type="checkbox"/> Current Affairs	<input type="checkbox"/> Committee Tasks	<input type="checkbox"/> Promotion / Publicity
	<input type="checkbox"/> Cultural	<input type="checkbox"/> Recreation	<input type="checkbox"/> Community Service	<input type="checkbox"/> Religious <input type="checkbox"/> Physical Education

No. of PolyU students of your activity	No. of PolyU staff of your activity	No. of external parties of your activity	Total no. of participants
+	+	=	

- Is fee being charged to participants? ☐ Yes (Please state the amount per person and attach budget plan for the activity: _____) ☐ No
- Will the activity involve any external party(ies) ☐ Yes (Please attach brief background of the external party(ies) for seeking approval) ☐ No
- Is the activity involved licensing from copyright owner(s)? ☐ Yes (Please attach the authorisation document) ☐ No
- Would there be any profit generated from organising this activity? ☐ Yes ☐ No
- Any commercial sales / activities involving money transaction / fund raising to be carried out in the venue? ☐ Yes ☐ No
- Any promotion of commercial products / services involved in the venue? ☐ Yes ☐ No
- Is the activity supported by any external sponsorship from individual donor(s) or commercial sponsor(s)? ☐ Yes ☐ No

☐ Please tick the appropriate box(es).

SECTION II – VENUE BOOKING DETAILS

Date	Time			No. of Hours	Total Charge ²
	Set-up Time ¹	Activity Time	Move-out Time		

Setting of the venue:

<input type="checkbox"/> Sports hall	Please indicate if you require SAO to arrange any of the following sports settings ³ (please select one only): <input type="checkbox"/> Badminton net (for _____ Badminton court(s)) <input type="checkbox"/> Basketball stand (for _____ basketball court(s)) <input type="checkbox"/> Table tennis table (for _____ Table tennis court(s)) <input type="checkbox"/> Volleyball net (for _____ volleyball court(s))
<input type="checkbox"/> Others (To be arranged by venue hirers, please specify) ^{4&5} :	
<input type="checkbox"/> None	

Notes:

1. Please indicate the time required for set up by venue hirer only.
2. Please refer to the website for the venue booking fee.
3. The setup request is subject to manpower availability and SAO's confirmation. Venue hirers are also reminded to prepare other necessary items not specified above (e.g. balls, shuttlecocks, bats, rackets or protective gear) for playing the relevant sports activity(ies).
4. Venue hirers may contact the service provider (i.e. Hong Yip; Email: hbb.helpdesk@polyu.edu.hk) to coordinate the venue setup request at their own cost.
5. Please attach floor plan with the application form.

Payment means:

- ☐ By cheque (at FO cashier counter VA205)
- ☐ Be transferred from Department Account _____

SECTION III – DECLARATION / CONSENT

I, _____ (name of applicant), have read the [Regulations of Multi-purpose Function Room at HHB Campus](#) and agree to abide by it.

I declare that the information given in this form and attachment(s) provided (if any) is complete and true to the best of my knowledge. I understand that any misrepresentation of facts and false information renders me liable for disciplinary action by PolyU.

Applicant's signature and
official / department stamp: _____ Date: _____

Signature of
department head: _____

Name and title of
department head: _____ Date: _____

PERSONAL INFORMATION COLLECTION STATEMENT

For details of the Personal Information Collection Statement (PICS), please visit <https://www.polyu.edu.hk/sao/personal-information-collection-statement/>.

This application form should be sent to communal.facility@polyu.edu.hk at least 2 weeks prior to the commencement of the booking period.

SECTION III – RESULT OF APPLICATION *(to be completed by SAO)*

(a) Booking is / is not successful.

(b) SAO can / cannot arrange sports hall setting as requested.

(c) Remarks:

Processed by: _____ Date: _____
(signature of the SAO staff and official stamp of the SAO)

For Office Use Only:

To: Hong Yip

Booking Number: _____

Please acknowledge this booking and provide venue set up as requested. Thanks!