

Hong Kong Jockey Club Drug InfoCentre Application Form for Use of Multi-purpose Theatre

Application no.

Applicant In	formation (^Ple	ease delete as appropriate) (Pleas	e tick as appropriat	e box)	
Name of Org	anisation:				
Nature of		☐ Government Department ☐ Registered Non-Profit-Making Organisation			
Organisation:		☐ School ☐ Others (Ple	ease state:)
Corresponde	nce Address:	_			
Name of Person-in-Charge :		Email :			
Telephone No.:		Fax No.:			
No. of Participants:		Target Participants:			
Purpose of U	se:				
Details of Ac	tivity:				
(the Centre re	eserves the righ	t			
to request	for activity	y			
rundown and	l attendance lis	t			
on need basis	s)				
Date and Ti	me of Use:				
		Date of Use	Time of Use		
1st Choice			From	То	
2nd Choice			From	То	
Remarks:					
 Once the a The audioused for properties. If there is employees have engage occurrence interests of 	visual materials ublicity of the N the future. any change in s, agents and subged, or be engage of an offence	the purpose of use of Mu o-contractors who have eng ging in acts or activities the endangering national secu- ity, the Centre reserves the	video recording ong Jockey Clul lti-purpose Thea aged or are enga at are likely to c rity, or which w	be increased. s) involved in the activities me of Drug InfoCentre or its Operatre, or the applicant or any eging, or are reasonably believed onstitute or are likely to cause ould otherwise be contrary to the use of the venue immediate.	of its yed to see the to the
☐ I am/We a by email.	re interested to	receive Hong Kong Jockey	Club Drug Info	Centre promotional informati	ion



Declaration: I (the undersigned) hereby certify that all information on this form is correct and undertake to observe "General House Rules" and "Application Guidelines and Rules on the Use of Multi-purpose Theatre" of the Hong Kong Jockey Club Drug InfoCentre. I shall be responsible for any accident or loss arising out of or as a result of the organisation's or companions' non-compliance of the rules and regulations in the venue. The Centre shall recover compensation from the applicant of reinstating any facility or equipment damaged or destroyed willfully or accidentally by the organisation or companions.

(Signature of Person-in-Charg	ge):		
Name : Designation :	 Date :	Official Stamp	

Please email/fax the completed form to the Centre. Staff in charge will reply as soon as possible.

Email Address: druginfocentre@tungwah.org.hk Fax Number: 3905 8115