

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

Application no.

Applicant In	itormation (^Ple	ase delete as approp	priate) (Please	e tick as appropriate box)	
Name of Org	ganisation:				
Nature of		☐ Government	t Departmen	nt □ Registered Non-Profit-Making Organisation	
Organisation:		□ School □	Others (Ple	rase state:	
Corresponde	nce Address:				
Name of Person-in-Charge :		(Mr/Miss/Ms) ^ Email :			
Telephone No.:		Fax No.:			
No. of Participants:		Target Participants:			
Purpose of U	Ise:				
Details of Ac	ctivity:				
	eserves the righ	t			
to request	for activity	/			
rundown and	d attendance lis	t			
on need basis	s)				
Date and Ti	me of Use:				
	Date of Use			Time of Use	
1st Choice	(Y)	/(M)/	(D)		
2nd Choice	(Y)	/(M)/	(D)		
Remarks:	1		,		
	annlication is co	infirmed the nur	nher of nar	ticipants cannot be increased.	
		·		video recordings) involved in the activities may be	
		` -		ong Jockey Club Drug InfoCentre or its Operating	
Partner in	the future.				
	•			ti-purpose Theatre, or the applicant or any of its	
			_	aged or are engaging, or are reasonably believed to	
				at are likely to constitute or are likely to cause the	
				rity, or which would otherwise be contrary to the	
			serves the r	ight to terminate the use of the venue immediately	
williout an	ny compensation	i wilatsoevel.			
☐ I am/We a	re interested to	receive Hong K	ong Jockey	Club Drug InfoCentre promotional information	
by email.		2	- ,	-	



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