

Busking Area Booking Application

Application Instructions:

1. The completed application form should be submitted to cymcc@hku.hk.
2. Applicants will be invited to discuss with the Cultural Centre management staff on matters related to their booking requests. For potential applicants, they will be further invited to conduct a site visit when required.
3. For enquiries related to the venue, please contact us via 3917 1281 or email to cymcc@hku.hk.

Part I - Application Details

A. To be completed by HKU Department / Student Society / Student Group

Name of Department / Student Society/ Student Group*: _____

Name of Applicant: _____ Chinese Name: _____

Staff No. / Student No (if applicable): _____ Tel. No.: _____

Position in Department/Student Society*: _____

Email: _____ Fax No.: _____

Person in-charge of the Function: _____ Tel. No.: _____

**Please delete as appropriate*

B. To be completed by Non-HKU Organizations

Name of Organization: _____ (Registered English name)

_____ (Registered Chinese name)

Address of Organization: _____

Name of Applicant: _____ (English) _____ (Chinese)

Position Held by Applicant: _____

Tel. No: _____ Email: _____

Part II - Booking Period

The booking period shall include adequate time for setup, rehearsal, performance, cleaning and strike out. The maximum duration for each single booking may be up to 5 consecutive days.

Maintenance period subject to annual schedule. No prior notice on block period.

Priority	Dates	Time
1st choice		
2nd choice		
3rd choice		

Part III – Booking Information

Name of Event: _____

Nature of Event#: Rehearsal: Drama Dance Variety Show
 Exhibition
 Others (please specify): _____

Details of Event (e.g. theme, title, programmes and name of artists / speakers, etc.)

Name of sponsor(s) (if any) _____

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



DECLARATION

If CYMCC accepts our booking, I agree to abide by all the Rules, Regulations, and Conditions of Hire of Busking Area. I also agree CYMCC may, at its absolute discretion, turn down my application or refuse to the application without the need to give any reasons or explanation.

Chop of Department / Student Society /
Student Group/ Organization* Represented: _____

Signature: _____

Name of Applicant: _____

Date: _____

***Please delete as appropriate**