Hong Kong Baptist University

Office of Student Affairs

**Venue Reservation Form for Student Organisations**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Event: | | | |  | | | | | | | | | | | |
| Name of Organiser: | | | |  | | | | | | | | | | | |
| Co-organiser(s), if any: | | | |  | | | | | | | | | | | |
| Format of Event: | | Booth / Display  Ceremony  Competition  Exhibition  Forum / Seminar  Fund Raising  Gathering  Meeting  Performance / Rehearsal  Sales  Training / Workshop  Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Nature of Event:  (you may choose for more than 1 option as appropriate) | | Ability / Skill Enhancement  Academic Enrichment  Art and Cultural Awareness  Charity / Donation  Civic and Social Concerns  Community Services  Cross-cultural Experience  Fellowship Building  Internal Affairs  Members’ Welfare  Publicity / Recruitment  Sports and Recreation  University-wide Concerns  Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Objective of Event: | |  | | | | | | | | | | | | | |
| Event Date  and Time: | | | From | |  | | | To | | |  | | | | |
| *[One hour must be reserved after your event for disinfection. i.e. venue reservation should be till 6pm if your event end at 5pm]* | | | | | | | | | | | | |
| Venue: | |  | | | | | | | | | | | (Max capacity: | | ) |
|  | |  | | | | | | | | | | | Info. Available at VFBS | | |
| *Expected no. of Participants  [If the number of participants does not exceed 50, the event could be directly approved by Custodian Unit. For event with more participants, justification is needed and approval from University senior management has to be sought, and thus longer processing time is expected.]* | | | | | | | | | | | | | | | |
| HKBU Staff / Students: | | | | | |  | External Guest: | | | | |  | | | |
| Total number of participants: | | | | | |  |  | | | | |  | | | |
| Pre-register external guests with the Visitor Registration System: | | | | | | | | | | Yes  No  N.A. | | | | | |
| Total number of participants exceed 50% (for premises without fixed seating) / 85% (for premises with fixed seating) of the venue capacity? | | | | | | | | | | Yes  No  (venue capacity could be checked at VFBS) | | | | | |
| Name of Speaker, if any: | | | | |  | | | | | | | | | | |
| Invitation of Press/Media: | | | | | | | Yes  No | | | | | | |  | | |
| Request for Campus Security Assistance: | | | | | | | Yes  No | | | | | | |  | | |
|  | | | | | | |  | | | | | | |  | | |
| *Social Distancing Arrangement*  Not more than 4 consecutive seats are arranged in the same row?  Not more than 4 persons in each group/table/booth/counter?  Maintain 1.5m distance between groups/tables/booths/counters? | | | | | | | | | | Yes  No  N.A.  Yes  No  N.A  Yes  No  N.A | | | | | |
| All personnel are required to wear face masks at all times? | | | | | | | | | Yes  No | | | | | | |
|  | | | | | | | | | | | | | | | |
| Will food and beverage be provided during the event? | | | | | | | | | Yes  No | | | | | | |
| Hand sanitiser is provided for usage of participants? | | | | | | | | | Yes  No | | | | | | |
|  | | | | | | | | | | | | | | | |
| Other Precautionary Measures against COVID-19, if any: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Rundown  (you may wish to attach with extra paper if space provided is not enough) | |  |  |  | | --- | --- | --- | | Start Time | End Time | Details | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| Declaration: | As an event PIC, I declare that the information given above is true to the best of my knowledge. I will be in-charge of the event and will be the contact person for any matters related. Our event would comply with the precautionary measures. I understand that the University has the right to immediately suspend our activity if the precautionary measures are found being violated. | | | | | | | | | | | | | | |
| Person  In Charge: | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name: |  | (Eng) |  | (Chi) | Student ID: |  | | Position: |  | | | | Contact: |  | | | | | | | | | | | | | | | |

For enquiry, please email to [sacla@hkbu.edu.hk](mailto:sacla@hkbu.edu.hk) or call: 3411-5070.

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