**Hong Kong Baptist University**

**Office of Student Affairs**

**Venue Reservation Form for Student Organisations (SO)**

|  |  |
| --- | --- |
| **Name of Student Organisation:** |  |
| **Person In Charge:** | Full Name: |   (Eng) |   (Chi) | Student ID: |  |
|  | Position in SO: |  | Contact no.: |  |
| **Name of Event:** |  |
| **Event Date & Time:** | From:  | To: |
| *(Including setup and reinstatement time)* |
| **Venue:** |   |  (^Max capacity: \_\_\_\_\_\_\_\_\_\_ ) *^Info. Available at VFBS* |
| **Expected no. of Participants:** | **HKBU Staff / Students:** |  | **External Guest Speakers:** |  | **External Participants:** |  |
| **Total no. of participants:** |  |   |
|  |  |  |
| **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 more than 1 option as appropriate)* | [ ]  Ability / Skill Enhancement  | [ ]  Academic Enrichment | [ ]  Internal Affairs  |
| [ ]  Art and Cultural Awareness | [ ]  Charity / Donation | [ ]  Members’ Welfare |
| [ ]  Civic and Social Concerns | [ ]  Community Services | [ ]  Publicity / Recruitment |
| [ ]  Cross-cultural Experience | [ ]  Fellowship Building | [ ]  Sports and Recreation |
| [ ]  University-wide Concerns | [ ]  Others, please specify: |  |
| **Objective of Event / Intended outcomes if applicable:** |  |
|  |
|  |
| **\*SLES Activity Code:** |  |
|  | *[\*Your event must be recorded on SLES before proceeding with venue booking. Please refer to the* [*SLES user guide*](https://sa.hkbu.edu.hk/cls/f/upload/11143/user%20guide%20for%20society%202022.pdf) *for creation of activity on the system and fill in the activity code in this field.]* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Rundown***(You may wish to attach with extra paper if space provided is not enough)* | Start Time | End Time | Details |
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| **Declaration & Signature** |
| *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. I understand that the University has the right to immediately suspend our activity if the precautionary measures are found being violated.* |
| **Signature of Applicant:** |  | **Date:** |  |

For enquiry, please email to sacla@hkbu.edu.hk or call: 3411-5070

*Last updated: 15 March 2023*