

**Student Development Services**  
**Organization of student activities using campus venues**

**Part I. Important notes**

<b>Particulars</b>	
1) Make sure your activity is approved by SU-AOAC (轄委) . Please provide the proposal and the confirmation form of SU-AOAC ( <b>with SU -AOAC's signature and chop</b> ) to SDS.	<b>MUST</b>
2) Applicant's signature, society chop and phone no. must be included in the proposal.	<b>MUST</b>
3) Budget	<b>MUST</b>
4) No. of participants of the event  CityU Staff or students _____ Outsiders _____	<b>MUST</b>
5) Sponsorship list (if any) - Business Registration (photocopy) and SU copy. If yes, please provide the list of your potential sponsors.	<b>Yes/No</b>
6) Does your activity involve any fund raising or fee charging?	<b>Yes/No</b>
7) Any outside organization(s) involve the activity? Will they in-charge or manage the activity? <b>Yes/No</b> If Yes, please provide the organization name(s), contact person and phone no. _____	<b>Yes/No</b>
<b>8) Important information :CityU logo cannot be used on materials (e.g. Posters )</b>	<b>MUST</b>
9) Submit the following information to Monique Lee <b>via SDS</b> . a) Proposal and Budget b) Floor plan c) Organization of large scale activities on campus form Part I & II	<b>MUST</b>
10) Confirm the venue booking with Monique Lee at (3442 6891) later	<b>MUST</b>
11) For security arrangement or parking permission, please contact Mr TW Au Security at 34427457	<b>MUST</b>
12) Please check the venue before use and inform Security at x8888 to check the venue after use.	<b>MUST</b>

Name in Capital Letter: \_\_\_\_\_ Student I.D. \_\_\_\_\_ Post: \_\_\_\_\_

Contact Tel No.: \_\_\_\_\_ Society Chop



Name of Society: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTES:** Application has to be submitted one month before the event day for approval of SDS. Late application less than one week of the event day will not be entertained.

(P.T.O.) for Part II

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**Part II. Logistic arrangements (for FMO)**

**2.1 Activity**

Name:			
Date & Time: (including rehearsal)			
Location(s):			
Contact Person		Tel:	
On Site Contact Person		Tel:	

**2.2 Participants**

No. of CityU students and Staff:	No of outside audience:	No. of Performers:
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**2.3 Venue and equipment setting (floor plan are required)**

Equipment required	Please specify:		
Setting back drop	Yes	No	If yes, submit the FMO work request form (with SDS endorsement)
Speaker Volume control	Subject to FMO 's advice during event		
Venue reset	Societies should be responsible for venue clean up & reset		

**2.4 Crowd Control and other duties**

No. of security guards required	Number	Date(s):	Time: From _____ to _____
Key duties of the security	Please specify :		
No. of helpers from the Society for crowd control			

<b>2.5 Others:</b>	Yes	No	<b>please "√" "as appropriate</b>
Any contractor from outside			If yes, please provide the company name, contact person and tel no.
Invite Media			Video Taking\ On line show TV broadcast \To call on
Guest of Honor			If yes, please provide names:
Catering Service			If yes: please provide company name and contact person and tel no.:
Parking permission			Contact Mr Fung at 3442 6852 for approval

**Remarks: Approvals from FMO are required for any additional / ad hoc request during the event.**