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| cityu | **City University of Hong Kong** |
| **Student Development Services** |
| **Student Life and Resources Section** |

Reference No.:

(For Office Use Only)

**Venue Quota (for Student Organisations)**

**Additional Quota Application Form**

*(Please type or write clearly in black)*

*Notes to applicants:*

1. *Please read the information of the Venue and Classroom Booking System: Venue Quota for Student Organisations before completing the application form.*
2. *Personal data provided in this form will be used only for processing the application and related administrative matters.*
3. *Please send the completed form with relevant documents to Student Development Services*

*(Email:* [*sdssat@cityu.edu.hk*](mailto:sdssat@cityu.edu.hk) *) at least three weeks before the start of the activity.*

1. The additional quota will be approved by the overall demand to ensure a fair distribution.

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| Name of Applicant: (Mr / Miss) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Student Organisation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Post : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tel No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Total Number of Additional Booking Quota Requested: (Sessions)
2. Overall Justifications for the Request:

1. Brief description of upcoming activities that includes: proposed activities/ dates/ estimated number of participants/ number of venues required/ number of booking quotas requested; and justification.

**Activity 1**

Name of Activity:

Proposed Date(s)/Period:

Activity Details:

The rationale justifying additional quota:

Name of organiser(s) /Co-organiser(s):

Estimated number of participants: City University students: Others (please specify):

Name of external party involved:

Estimated number of venues required:

*\*(If you have more than one activity, please provide information in the space below.)*

Signature of Applicant Date

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Comments:

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|  | Responsible Staff | Date |
| * Application received |  | \_\_\_\_\_\_\_\_\_\_\_ |
| * Interview (if any) |  | \_\_\_\_\_\_\_\_\_\_\_ |
| * No. of sessions approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sessions |  | \_\_\_\_\_\_\_\_\_\_\_ |
| * No. of quota added to the system: \_\_\_\_\_\_\_\_\_ sessions |  | \_\_\_\_\_\_\_\_\_\_\_ |

*Dec 2018*