



St. James' Settlement – Quarry Bay Harbourfront Community Space “Quarryside”

Venue Application Form

Note:

1. Please read the “Guidelines and Regulations for Venue Application and Usage” before completing this booking application and ensure your agreement to comply with all regulations and conditions of hire as stated therein.
2. Applications submitted are not automatically considered valid until they have been approved along with the corresponding documentation.
3. All information provided in the application form must accurately reflect the nature of the planned activity, otherwise Quarry Bay Harbourfront Community Space “Quarryside” (hereinafter referred to as “Quarryside”) may reserve the right to terminate the activity and “Quarryside” should not bear any compensation upon the booking, and no venue payment will be refunded. “Quarryside” may also reserve the right to take measures on any expected consequences caused.
4. “Quarryside” reserves the final decision to accept or reject the application for venue booking.
5. For inquiries, please contact “Quarryside” at 5928 5198 / venue@quarryside.hk (Office hours: Monday to Friday 09:00 – 18:00).

(I) PARTICULARS OF APPLICANT

A. ORGANIZATION APPLICANT

Name of Organization (Same as registration document)	(Chinese)		
	(English)		
Nature of Organization	<input type="checkbox"/> Commercial	<input type="checkbox"/> Non-commercial	<input type="checkbox"/> Government/ Public Organization
Form of Registration (Please submit relevant supporting documents)	<input type="checkbox"/> Business Registration	<input type="checkbox"/> Registered under Companies Ordinance Cap. 622	<input type="checkbox"/> Registered under Societies Ordinance Cap. 151
	<input type="checkbox"/> Registered Charitable Institution or Trust of a Public Character under Inland Revenue Ordinance Section 88	<input type="checkbox"/> School Registration	<input type="checkbox"/> Others: _____
Correspondence Address of Organization	(Chinese)		
	(English)		
Name of Person-in-charge	<input type="checkbox"/> Mr <input type="checkbox"/> Ms	(Chinese)	(English)
Position			
Contact Information	Tel	Fax	Email

B. INDIVIDUAL APPLICANT

Name of Applicant	<input type="checkbox"/> Mr <input type="checkbox"/> Ms	(Chinese)	(English)
Hong Kong Identity Card No./Passport No. (First 4-characters, E.g. A123456(7) → A123)			(You may be required to present your identification document to venue staff for verification)
Correspondence Address	(Chinese)		
	(English)		
Contact Information	Tel	Fax	Email

Remarks: Please choose where appropriate.



(II) PARTICULARS OF EVENT				
Name of Event	(Chinese)			
	(English)			
Type of Event	<input type="checkbox"/> Performing Programme (E.g. Dance, Drama, Music, etc.) Please specify: _____	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Workshop/Class	
	<input type="checkbox"/> Conference/Seminar/Talk	<input type="checkbox"/> Ceremony	<input type="checkbox"/> Location Shooting/Interview	
	<input type="checkbox"/> Screening	<input type="checkbox"/> Market/Fun Fair/Open Day	<input type="checkbox"/> Others: _____	
Details of Event	Theme and Outline of Event			
	Event Rundown (including venue set-up and move-out time)			
	Introduction of Artist/Speaker/Creative Team			
	Commencement Time of Event			
	Estimated No. of Participant			
	Event Nature	<input type="checkbox"/> Public	<input type="checkbox"/> Private	
	Admission Fee	<input type="checkbox"/> Free	<input type="checkbox"/> Paid (Ticket Price: \$ _____)	
	Catering	<input type="checkbox"/> Yes (Please attach details)	<input type="checkbox"/> No	
	Sale of merchandise	<input type="checkbox"/> Yes (Please attach list of proposed sales items)	<input type="checkbox"/> No	
	Will there be aerial event photography?	<input type="checkbox"/> Yes (Please submit a copy of the license of the technician)	<input type="checkbox"/> No	
	Sponsor	<input type="checkbox"/> Yes, please specify: _____	<input type="checkbox"/> No	
	Co-presenter	<input type="checkbox"/> Yes, please specify: _____	<input type="checkbox"/> No	
	If you have held similar events in the past, please attach relevant promotional materials.			

(III) VENUE APPLICATION INFORMATION					
Venue		Indoor Venue	Open Space	Indoor and Open Space	Semi-open Space
		<input type="checkbox"/> Community Kitchen <input type="checkbox"/> Workshop Space <input type="checkbox"/> Function Room 1-2 <input type="checkbox"/> Function Room 3 <input type="checkbox"/> Function Room 1-3	<input type="checkbox"/> Event Lawn	<input type="checkbox"/> Indoor and Open Space [Except Semi-open Space]	<input type="checkbox"/> Dockyard Theatre
Date (DD/MM/YY)	Booking Time 09:00-21:00	Minimum 2 hours	Minimum 2 hours	Half Day: 4 hours Whole Day: 9 hours	Half Day: 4 hours Whole Day: 9 hours
1 st choice/Day 1:					
2 nd choice/Day 2:					
3 rd choice / Day 3:					

Remarks: Please choose where appropriate and use separate sheet if space is not enough.



(IV) VENUE EQUIPMENT AND MISCELLANEOUS SERVICES APPLICATION INFORMATION

^Remarks:

Note 1: The Dockyard Theatre, Community Kitchen, Workshop Space, Function Room 1–3 and Event Lawn offer complimentary equipment as specified. For detailed information, please refer to the “Venue Information” of each event venue.

Note 2: Please refer to the “Venue and Facility Rate Card” for details of additional charged equipment and miscellaneous services.

Note 3: Only applicable for Community Kitchen/Workshop Space/Function Room 1–3

Note 4: Only applicable for Function Room 1–3

Note 5: Subject to availability

A. Basic Complimentary Equipment ^Note 1	Required Equipment	Required Booking Day	Required Quantity ^Note 5
	<input type="checkbox"/> 1a. Stacking Chair: Version A		
	<input type="checkbox"/> 1b. Stacking Chair: Version B		
	<input type="checkbox"/> 2. Stool		
	<input type="checkbox"/> 3a. Table: Version A		
	<input type="checkbox"/> 3b. Table: Version B		
	<input type="checkbox"/> 3c. Table: Version C		
	<input type="checkbox"/> 3d. Table: Version D		
	<input type="checkbox"/> 4. Projector ^Note 3		
	<input type="checkbox"/> 5. Wireless Handheld Microphone ^Note 4		
B. Additional Charged Equipment and Services ^Note 2	Required Equipment	Required Booking Day	Required Quantity ^Note 5
1. Additional Equipment	<input type="checkbox"/> 1a. Stacking Chair: Version A		
	<input type="checkbox"/> 1b. Stacking Chair: Version B		
	<input type="checkbox"/> 2. Stool		
	<input type="checkbox"/> 3a. Table: Version A		
	<input type="checkbox"/> 3b. Table: Version B		
	<input type="checkbox"/> 3c. Table: Version C		
	<input type="checkbox"/> 3d. Table: Version D		
	<input type="checkbox"/> 4. Stanchion		
	<input type="checkbox"/> 5. A3 Landscape Signage Frame		
	<input type="checkbox"/> 6. Traffic Cone		
	<input type="checkbox"/> 7. Whiteboard with markers and eraser [Set]		
	<input type="checkbox"/> 8. H Display Stand		
	<input type="checkbox"/> 9. Sand Bag		
	<input type="checkbox"/> 10. 18.5L Bottled Water with Electric Water Pump [Set]		
	<input type="checkbox"/> 11. 18.5L Bottled Water		
	<input type="checkbox"/> 12. 5.5L Electric Kettle		
	<input type="checkbox"/> 13. Portable Audio System [Set; Without operator]		
	<input type="checkbox"/> 14. Stage Piano, Keyboard Stand and Keyboard Bench [Set]		
	<input type="checkbox"/> 15. Microphone Stand		
	<input type="checkbox"/> 16. Music Score Stand		
	<input type="checkbox"/> 17. Guitar Amplifier		
	<input type="checkbox"/> 18. D.I. Box		
	<input type="checkbox"/> 19. 16 x 8 Digital Snake Box		
<input type="checkbox"/> 20. Monitor Speaker			
<input type="checkbox"/> 21. Portable Speaker			
<input type="checkbox"/> 22. Wireless Microphone with headset [Set]			
<input type="checkbox"/> 23. Laptop			

