

Venue Application Form for Memorial Service

Applicant's Particulars		
Name of Applicant: _____		Name of Deceased: _____
Telephone: _____	E-mail: _____	Case Manager: _____
Address: _____		
Venue		
Date: _____		
<input type="checkbox"/> Lecture Theatre	<input type="checkbox"/> 09:00 a.m. – 12:00 p.m.	<ul style="list-style-type: none"> • Maximum occupants: 130 • First 3 hours (include set up and clean up): HK\$22,500 • From the 4th hour onwards: HK\$7,500 per hour • Deposit: HK\$11,250 • Items included: AV system, projector, projector screen, two microphones, easel, electric candles, two tables, round table, white table cloth • Parking slot: 3 (include hearse)
	<input type="checkbox"/> 02:00 p.m. – 05:00 p.m.	
	<input type="checkbox"/> 06:00 p.m. – 09:00 p.m.	
<input type="checkbox"/> Quiet Room	<input type="checkbox"/> 09:00 a.m. – 12:00 p.m.	<ul style="list-style-type: none"> • Maximum occupants: 60 • First 3 hours (include set up and clean up): HK\$15,000 • From the 4th hour onwards: HK\$5,000 per hour • Deposit: HK\$7,500 • Items included: AV system, projector, projector screen, two microphones, easel, electric candles, two tables, round table, white table cloth • Parking slot: 3 (include hearse)
	<input type="checkbox"/> 02:00 p.m. – 05:00 p.m.	
	<input type="checkbox"/> 06:00 p.m. – 09:00 p.m.	
<input type="checkbox"/> Farewell Room	Charged Hourly From: _____ To: _____	<ul style="list-style-type: none"> • Maximum occupants: 12 • Hourly rate: HK\$1,200 (include set up and clean up) • Deposit: 50% of room rental fee • Items included: Easel, electric candles • Parking slot: 3 (include hearse)
	From: _____ To: _____	
<input type="checkbox"/> Dining Area	From: _____ To: _____	<ul style="list-style-type: none"> • First 3 hours (include set up and clean up): HK\$4,500 • From the 4th hour onwards: HK\$1,500 per hour • Deposit: HK\$2,250
	From: _____ To: _____	
Remarks: _____		

Please fill in the application form and submit it together with the deposit to the Shroff Office on the 1/F by person, e-mail or fax. For enquiries, please call 2331 7000.

Signature of Applicant: _____

Date: _____

For Office Use

Staff Signature: _____ Reference No.: _____

Venue Application and Payment Notes

1. Once the application has been accepted, applicant must pay the required deposit to confirm the application. Once paid, the deposit will not be returned to the applicant. A payment advice will be issued to the applicant. Please settle the payment no later than 7 working days before the rental date. Failing to comply may result in the application being canceled
2. To cancel an application, a written notice must be submitted no later than 5 days before the rental date. Failing to comply may result in the deposit being confiscated. The amount of deposit to be returned depends on the date the cancelation notice is submitted:

<u>Cancelation Date</u>	<u>Percentage of Deposit Returned</u>
Later than 3 days before the rental date	0%
Later than 5 days before the rental date	50%
3. Under adverse weather conditions (Black Rainstorm Warning or Typhoon Signal No. 8 or above), applicant may change the rental date
4. No burning of offerings or setting of fire within the facility
5. Please mind your volume and avoid creating noises as it may disturb other users of the facility
6. Please place all venue decoration items and funeral wreaths within the venue
7. No smoking within the facility
8. Do not move or remove any fixed items within the venue
9. No eating or drinking within the venue
10. All items, including decoration items and funeral wreaths, must be removed before returning the venue
11. Any damages, destructions or losses created within or towards the venue must be compensated

Payment Methods

Crossed Cheque (Payable to "The Society for the Promotion of Hospice Care")
Cheque No: _____
Please write the applicant's name on the back of the cheque, then attach the cheque to this form and send them to us by mail.

Direct Transfer — Hang Seng Bank 280-3-451141
Please write the applicant's name on the back of the bank-in slip, then attach the bank-in slip to this form and send them to us by mail, fax or e-mail.

Credit Cards: Visa MasterCard American Express
Cardholder's Name: _____
Card No: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|-|_|_|_|_|
Expiry Date (mm/yy): ___/___

Cardholder's Signature: _____
Please fill in the credit card details, then send this form to us by mail, fax or e-mail.

Cash: _____
Please make cash payment at the 1/F Shroff Office. Opening hours: Monday to Saturday: 9am to 1pm; 2pm to 5:30pm. Closed on Sunday and Public Holiday.

We reserve the right to demand immediate repayment of outstanding balance and interest. Account Enquiry: 2331 7000