

DBS Sports Development Department
DBS Sports Facilities Booking Application Form

SEP 2023

*** To facilitate better arrangement, please complete and submit the application form to the Sports Development Department 7 working days ahead. Please get back this signed Form two days before the use of the venues. ***

申請人姓名 Name of applicant	申請人電話號碼 Contact number of applicant
團隊/ 部門 Name of team / department	
擬借用的設施 Facility / Facilities required: <input type="checkbox"/> Gymnasium [whole / half]* <input type="checkbox"/> Weight Room <input type="checkbox"/> Field [whole / half]* <input type="checkbox"/> Batting Cage <input type="checkbox"/> Track (long jump pitch / discus cage / 60m running slope / shot-put area)* <input type="checkbox"/> Swimming Pool (indoor / outdoor)* [_____ lanes / whole pool]* <input type="checkbox"/> Covered Playground (<input type="checkbox"/> Student Activities Centre _____ room(s))* <input type="checkbox"/> Tennis Court [whole / half]* <input type="checkbox"/> Basketball Court	
Particulars of Event	活動名稱 Name of event
	用途 Purpose <input type="checkbox"/> Training <input type="checkbox"/> Match <input type="checkbox"/> Others: _____ (Please remark)
	借用日期 Date
	借用時間 Time
	預期參加人數 Estimated no. of participants
活動的負責人 (請提供 2 名負責人的姓名, 而其中一名負責人 必須 在已預訂的時段到有關場地取場。) Name of responsible persons of the event (Please provide the names of two responsible persons, one of whom must be present at the booked session to take up the booking at the venue.) Responsible person (A) 先生 / 女士 * _____ 電話號碼 _____ Mr/ Miss/ Ms/ Mrs * _____ Contact no.: _____ Responsible person (B) 先生 / 女士 * _____ / _____ 電話號碼 _____ / _____ Mr/ Miss/ Ms/ Mrs * _____ Contact no.: _____	

* Please specify or delete as appropriate

Endorsed
by:

_____ Application Date

_____ Name of staff-in-charge

_____ Signature of staff-in-charge

For Official Use

Recommendation from the concerned Sports Department

Date of receipt: _____

Facility / Facilities:

For Sports Office Use <input type="checkbox"/> Available <input type="checkbox"/> Unavailable Remark: _____	For Headmaster Approval <input type="checkbox"/> Approved <input type="checkbox"/> Not approved Remark: _____
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Sports Master
C.H. Cheung

Date:

Headmaster
R.K.Y. Cheng

Date:

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Name For Outsiders Using Sports Facilities

Venue:

Date:

Time:

No.	Name	Gender	ID Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Signature of Applicant

Name of Applicant

Date:

Note

The personal data provided by the Applicant will only be used for processing applications for use of Sports Facilities managed by the Sports Department. Please contact the staff of the relevant booking office for correction of or access to the personal data provided on this form.