

(Internal)

**Hong Kong Baptist University
Department of Music**

ROOM REQUEST APPLICATION FORM

Reservation for room no. _____

Name of Applicant: _____
(in block letter)

Office / Department: _____

Contact tel no: _____ Fax no: _____

Booking date: _____ Time: _____ to _____
(dd/mm/yy) (am/pm) (am/pm)

Purpose: _____

Application form should reach the MUS General Office 10 days prior to the actual day of the concert/performance/seminar.

Note: You are responsible for the cost of damage to the instrument / equipment.

Date: _____ Chop & Signature: _____

For Office Use Only

() Approved

() Disapproved

Date: _____

Chop & Signature: _____

MUS

224 Waterloo Road, Kowloon Tong, Kowloon

Tel: 3411-5153

Fax: 34117870

Updated on 8/9/11