

Venue Reservation for Recreation Centre

Applicant's Detail	S				
Department/ Office/ O	Organization:				
Name of Applicant:			Sta	ff/ Student No:	
Telephone:			Mo	bile Phone:	
Email:					
Booking Details (Available for b	ooking on M o	on-Fri 10:00-18	3:00)	
Purpose:					
Date:					
Time:					
No. of participants:					
Room Requested:	☐ Room A		□Room B		
(chap_rc@hk	g the availability, bu.edu.hk). The ion Centre. For	please fill in the	e form and hand d be regarded as	in to Reception completed afte 28.	n Counter or by email r receipt of confirmation
		For	Office Use		
\square Approved					
☐ NOT Approved					
Handled by:				Date:	