

**A02**

Application No. \_\_\_\_\_

The Chinese University of Hong Kong  
**LEE HYSAN CONCERT HALL**  
Application of Rental Subsidy Scheme

**IMPORTANT NOTICE**

The subsidy application will be considered by the Management Committee of Lee Hysan Concert Hall, The Chinese University of Hong Kong. Please read the Lee Hysan Concert Hall Booking Arrangements before completing this application form.

This form must be returned together with the Application of Booking (Form A01) during the submission of application. Late application will not be considered.

Name of Applicant / Signatory\* \_\_\_\_\_

Name of Organization (if applicable) \_\_\_\_\_

Will the event be admitted **without** ticket? Yes / No\*  
(If answered No, please complete the Ticket Price Scheme.)

## Ticket Price Scheme

Price	Number / Percentage of Tickets
Normal Priced Ticket	
Concession Ticket	
Complementary / Free Ticket	

(../to be continued)

**Is the organization you represented, if applicable, a recognized charity organization?**

Yes / No\*

(If Yes, please submit Inland Revenue Department approved charitable organization number and/or relevant document for verification with this form)

**Will part of / whole of the proceeds from the concert, if applicable, be of charity purpose?**

Yes / No\*

If Yes, please provide information on the party of receiving your donation and the portion of revenue below: \_\_\_\_\_

Note: You have to submit a copy of approval from the Social Welfare Department to the Management Committee for verification after the confirmed booking of the Concert Hall.

State your relationship with The Music Department of The Chinese University of Hong Kong and/or Chung Chi College and/or The Chinese University of Hong Kong.

Do you have any additional information for the Management Committee to consider your subsidy application?

**Declaration**

I, \_\_\_\_\_ (Name), on behalf of \_\_\_\_\_ (organization, if applicable), would like to apply for the Rental Subsidy Scheme of the Lee Hysan Concert Hall of the Chinese University of Hong Kong. The information I have provided above are true and I will provide relevant documents or copies of relevant documents for verification upon the Committee's request.

Chop of Organization Represented.

Signature: \_\_\_\_\_

Name of Applicant / Signatory\*: \_\_\_\_\_

\*Delete if inapplicable

Date: \_\_\_\_\_

**For office use only:**

**Remarks by Management Committee:**

**Approved/Not Approved**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Professor Cheong Wai Ling  
Chairman, Management Committee**