**香港社區組織協會 SoCO 269**

**Society for Community Organization SoCO 269**

**團體參觀申請表 Application Form for Group Visit**

地址Address：九龍深水埗汝州街269號1樓 | 1st Floor, 269 Yu Chau Street, Sham Shui Po, Kowloon

傳真：2761 3326 查詢Enquiry：2713 9165 / 2725 6390; socohkg@gmail.com

1. **團體資料 Part A Information of Institution**

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| --- | --- | --- | --- | --- | --- |
| **團體名稱**  Name of Institution |  | **團體性質**  Nature of Institution | * **註冊學校：小學/中學/大專或以上程度**   Registered school: primary/secondary/tertiary   * **註冊非牟利機構/慈善機構**   Registered non-profit/charitable organization   * **宗教團體**   Religious groups   * **其他,請註明** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **團體電話**  Contact Number |  | **地址**  Address |  | | |
| **活動負責人**  Contact Person |  | **聯絡電話**  Phone |  | **電郵**  Email |  |

1. **參觀安排**

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| --- | --- | --- | --- |
| **參觀人數**  Number of Visitors |  | **年級（學校適用）**  Grade  (For School) |  |
| **參觀日期**  Date of visit |  | **參觀時間**  Time of visit |  |
| **服務選擇**  Service Selection | * 館內導賞（一小時）Exhibition Tour (One hour) * 到校講座（一小時）Talk in School (One hour) | | |
| **講座日期**  Date of Talk |  | **講座時間**  Time of Talk |  |

**團體負責人簽署和蓋章 Signature and Seal of Authorized Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**申請日期　Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**