**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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**