



## Visit Application Form

Ref. No. : SSYF-CCO-002 v1.0

[ Applicable: Organization, School, Media ]

1. Name of the Organization : \_\_\_\_\_

2. Address of the Organization : \_\_\_\_\_

3. Contact Person : \_\_\_\_\_ Job Title : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_

4. Date and Time :

Date	
Time	

5. Crew Information :

Total Number : _____ persons	Key Contact _____ ( Name : _____ )
	Team Member : _____ ( <input type="checkbox"/> Elderly <input type="checkbox"/> Adult <input type="checkbox"/> Teenager <input type="checkbox"/> Children )
Age :	_____ ~ _____

6. Purpose :

<input type="checkbox"/> Sight-seeing	Name of the Activity :
<input type="checkbox"/> Photo-shooting	Use of Photo : Print Out Date : Name of Publication :
<input type="checkbox"/> Film-shooting* ( Please attached the script )	Use of Film : Release/ Broadcast Date : Name of the Media and Programme :
<input type="checkbox"/> Others* ( Please explain in details with information attached ) :	Use of Research Material :

1. Please fax this form to 2351-5640 (Attn: Corporate Communications Officer) with all necessary information filled for application approval. All application will be handled within 7 days and result will be notified via phone or e-mail.
2. All information in this form would be used for visit application purpose only. All right reserved to Sik Sik Yuen.

Date of Application : \_\_\_\_\_

Signature/ Company Chop : \_\_\_\_\_



書色園  
SIK SIK YUEN

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電話 Tel : (852) 2327 8141 傳真 Fax : (852) 2351 5640  
網址 Website : www.siksikyuen.org.hk 電郵 Email : info@siksikyuen.org.hk

General Office Use Only

Application Accepted

Application Rejected

Reason : \_\_\_\_\_

Remarks :

Handling Person :

Date :