

東華三院愛不同藝術 i-dArt

場地租用申請表

申請人

申請人 / 團體

所屬機構 (如有)

聯絡地址

聯絡電話

電郵

擬舉辦活動

類別

展覽 工作坊 其他: _____

活動名稱

簡介

藝術媒體

繪畫 (註明類別) _____ 陶藝 攝影

雕塑 (註明類別) _____ 裝置

其他 (請註明) _____

佈展日期

撤展日期

活動舉辦日期

租金

策展人姓名及資料

(如適用)

參與藝術家資料 (可另行附件補充) :

姓名	簡歷	作品資料* (包括：有關作品照片、簡介, 並列明其面積 / 體積)
1)		
2)		
3)		

*展示 / 寄賣作品須為原創、而非贗品。

設備租用	數量
Display stand	
White Cube A	
White Cube B	
White Cube C	
White Cube D	
White Cube E	
Wall-mounted L-shelf A	
Wall-mounted L-shelf B	
Wall-mounted L-shelf C	
Wall-mounted L-shelf D	
Wall-mounted L-shelf E	
投影機 Projector	
顯示屏 Monitor	
DVD 機	
摺椅 Folding Chair (免費)	
摺檯 Folding Table (免費)	

本人確認已閱讀及接受「場地租用須知」的內容，並聲明及保證訂租表格及附件所有資料全部屬實。

申請人/團體負責人簽署：

申請人/團體負責人姓名：

日期：

(由 i-dArt 填寫)

致申請人/團體 _____：

有關場地租用申請已被 *接納/拒絕。

一旦申請成功，請於兩星期內，即 _____ (日期) 前，以親臨遞交現金或郵寄支票形式繳付訂金 HK\$ _____ (租場費用的 50%)。餘款須於租用期開始前兩個星期繳清。所有繳交之訂金，恕不退還。

多謝申請租用愛不同藝術空間。

i-dArt, Tung Wah Group of Hospitals

Hiring of Venue - Application Form

Applicant

Individual/Group

Name of
Organization
(if applicable)

Address

Telephone

Email

Proposed Event

Type of Event

- Exhibition Workshop Others

Title of Event

Brief Account

Art Media

- Painting (Please state type) _____
 Sculpture (Please state type) _____
- Ceramics Photography
 Installation
- Others (Please state) _____

Date for Set-up

Date for Move-out

Event Period

Rental

Name and
information of
Curator (if
applicable)

Information of Participating Artists (Please use separate sheets if required)

Name	Resume	Information on the Exhibits* (Including photos and brief accounts. Please also state their dimensions)
4)		
5)		
6)		

* All exhibits / goods on consignment must be original and not counterfeits.

Facilities Hire	Quantity
Display stand	
White Cube A	
White Cube B	
White Cube C	
White Cube D	
White Cube E	
Wall-mounted L-shelf A	
Wall-mounted L-shelf B	
Wall-mounted L-shelf C	
Wall-mounted L-shelf D	
Wall-mounted L-shelf E	
Projector	
Monitor	
DVD Player	
Folding Chair (Free)	
Folding Table (Free)	

I confirm that I have read and accepted the contents of the “Venus Rental Scheme”, and declare the information filled in this application form and supplementary information attached is correct and true.



Signature of Applicant/

Name of Applicant/

Responsible Person of

Responsible Person of

the Organization :

the Organization :

Date:

Date:

(To be completed by i-dArt)

To: Applicant/Organization _____

Your application for hiring the venue is: *SUCCESSFUL / UNSUCCESSFUL.

If your application is successful, please pay the deposit (50% of the rental) being HK\$ _____ to us within two weeks (from receipt of the contract), i.e. before _____. If the deposit is paid in cash, please do so IN PERSON at i-dArt. Cheque payment may be made by mail. The remaining balance of the rental must be paid in full two weeks before the commencement of the rental period. All deposit paid is non-refundable.

Thank you for your application for use of the space of i-dArt.