

**HKFSD Mobile Application – Campus AR Interactive Centre**  
**Application Form**

Name of School::	
Address of School:	
Activity Contact Person:	
Means of Contact:	Telephone- Fax- E-mail-
Proposed Date of Activity:	/      / (dd)      (mm)      (yy)
Time:	_____:_____ to _____:_____
Target Participants:	*Teachers/Students(Grade:____)/Others:_____
Number of Participants::	
Venus of Activity:	

\* Delate as appropriate

^Note:

Please fax the completed application form to Fax. No. 2411 8677 or e-mail it to **cro\_cr\_1@hkfsd.gov.hk** Community Relations Section (Tel:2411 8716)