

☑ Private Box Reservation Form 🔊

 Name of Applicant/ Organization (If Jockey Club Member, please indicate 	Membership No.)	(Membership No.)
2. Organization		
3. Name of Contact Person		
	(Day Time Telephone No.)	(Fax No.)
	(E-mail address)	
4. Correspondence Address (in English):		
5. Requested Date of Race Meeting: (1 ^s (2 ⁿ	choice)	(Happy Valley / Sha Tin) (Happy Valley / Sha Tin)
Unsuccessful applicants are automatical	y placed on a waiting list an	d will be notified of any openings.
5. Seating capacity required (Please indica	ate number of guests expecte	d to attend):
Applicant Signature:	D	
Applicant Signature:	Dat	e:
Please return this form to: Catering & Evax 2966-7041. For further information, plays:	ent Office, 12/F Pavilion St lease call us at 2966-8558/2	and III, Happy Valley Racecourse or 966-8210.
For your information, this form should be completed		hs in advance of your requested race meeting fur

date. For example, if you request a private box for a race meeting on 1st January, this reservation form should be submitted by fax or post no later than noon on 1 November.

Should the demand for boxes exceeds the number of the boxes available, boxes shall be allocated by ballot on the closing day of applications, i.e. two months in advance of the race meeting date. Successful applicants will be notified in writing within seven days of the ballot.

Subject to box availability, reservations may also be accepted at any time during the two-months' period leading up to the scheduled date of a race meeting.

For Jockey Club Use Only			
Reference No.	Successful	Waiting List	
Drawn by	Witnessed by	Date	
Allocated Box	Handled by	Date	