A. Name of Student Sports Club/ Group: ________________________________
   ITSC email: ________________________________ Mail Box: ________________________________
   Name of Chairman: *Mr. /Ms ________________________________ (SURNAME in Block Letters)
   ITSC email: ________________________________ Contact No: ________________________________

B. Particulars of the Sports Team
   Name of the Team: ________________________________ (*M / F / M+F / Mixed)
   Number of Team Members: ________________________________

C. Particulars of Applicant (Team Captain/ Representative)
   Name: *Mr./Ms ________________________________ Post: *Team Captain/ Representative
   (SURNAME in Block Letters)
   ITSC email: ________________________________ Mobile No: ________________________________

D. Particulars of the Proposed Competition
   (Please attach pamphlets, information booklets or relevant material(s) if available)
   Name of the Competition: ________________________________
   Organizer(s): ________________________________
   Objective(s) of the Competition:
   1. ________________________________
   2. ________________________________
   Format of the Competition: (Please tick the appropriate box(es))
   □ *One-day/Two-day event on _________ (dd/mm/yy) at ________________________________ (venue)
   □ Series of matches from _________ to _________ (mm/yy) at ________________________________ (venue)
   □ Intervarsity event  □ Open event
   Participating units include ________________________________
   Max. Number of Registered Competitors in the team: ________________________________
   Benefits to be gained from participating in the Competition:
   1. ________________________________
   2. ________________________________
E. Particulars of Team Assistance Requested
- Max. 2 hours per week for Team practice (M/ F/Mixed); OR
  Max. 3 hours per week for Team practice (M + F)
- Max. 2 hours per match/ performance; OR
  Max. 8 hours or actual hours for the 1-day event

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Amount Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Registration Fee Subsidy of the proposed competition (listed in D.)</td>
<td>= HK$</td>
</tr>
<tr>
<td>2.</td>
<td>Coaching Fee Subsidy</td>
<td></td>
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<td></td>
<td>Covering period from /   /   to   /   /   (dd/mm/yy)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Training hours for practice</td>
<td></td>
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<td></td>
<td>weeks X     hrs per wk</td>
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<td></td>
<td>b. Coaching hours at the competition</td>
<td></td>
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<tr>
<td></td>
<td>match(es) or event day(s) X     hrs per time X     hourly rate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total =     hrs</td>
<td>= HK$</td>
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</tbody>
</table>

F. Particulars of Nominated Sports Team Coach
(Please tick the box as appropriate and note the application will NOT be processed if any required information or document is missing)

# Personal Information Record and Job Application Forms can be downloaded at http://sao.ust.hk/eng/detail.php?catid=6&sid=49

- [ ] Coach to be arranged by Dean of Students’ Office
- [ ] A coach is nominated (Please fill in the information & attach the required documents together with this application.)

Name: *Mr. / Ms (Full-time / Part-time) (English) (Chinese)

Contact No.: Email Address:

Completed Personal Information Record Form # of the nominated part-time coach [ ] Attached [ ] Not attached

Completed HKUST Job Application Form # of the nominated part-time coach [ ] Attached [ ] Not attached

Is the nominated Part-time Team Coach officially appointed by DSTO in 2017-18?
- [ ] Yes
- [ ] No (Must attach the following required documents together with this application.)
  1. Photocopies of documentary proof of qualifications and experience [ ] Attached [ ] Not attached
  2. Photocopy of HK ID card [ ] Attached [ ] Not attached

Signature of Applicant: Date: Society Chop:

Endorsement by DSTO Sports Advisor: Date: