

二零二四年香港花卉展覽  
Hong Kong Flower Show 2024  
「賞花，惜花！」賽馬會花卉重新栽種計劃申請表  
“Give the Flowers a New Home!” Jockey Club Flower Re-planting Scheme Application Form

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| 截止申請日期: 2024 年 2 月 19 日   | Closing date for application: 19 February 2024  |
| 請 電郵至 <b>hkfs1@lcsd.gov.hk</b><br>傳真至 <b>2691 7264</b> 或<br>郵寄至「新界沙田排頭街 1-3 號康樂及文化事務署總部<br>11 樓綠化運動組」   | Please email to <b>hkfs1@lcsd.gov.hk</b><br>fax to <b>2691 7264</b> or<br>post to “Green Campaign Section, 11/F, Leisure and Cultural<br>Services Headquarters, 1-3 Pau Tau Street, Shatin, N.T.” |
| 如有任何查詢，可於星期一至五上午 9 時至下午 5 時 30 分時段內致電 2601 8260（公眾假期除外）。<br>For any enquiries, please call at 2601 8260 (Mon to Fri: from 9:00 am to 5:30 pm) (expect public holidays). |   |

## 第一部分 Part I

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| 申請機構／學校名稱 Name of Organisation/School:        |  |
| 申請機構／學校地址<br>Address of Organisation/School:  |  |
| (如需大會運送請填此欄 Please fill in for free delivery) |  |

## 第二部分 Part II

**接收盆栽方式 Method of Receipt of Plants**

請以“√”選擇日期及時間以下述其中一種方式接收大會分發的盆栽。如貴機構所選的時段已滿額，本署將另行安排其他時段，最終時段將以大會書面回覆為準。

Please “√” in the following blanks to indicate your preferred time slot for receiving potted plants by **either of the following ways**. If your specified time slot is not available, an alternative time slot will be arranged. Please refer to our reply slip for confirmation.

**I. 自行到花展會場領取 On-site Collection from showground (不多於 50 盆盆栽 not more than 50 potted plants)**

請選擇領取時段 Please select a time slot for collection

1.  25/3 - 中午十二時至下午二時 12:00nn to 2:00pm      2.  25/3 - 下午二時至四時 2:00pm to 4:00pm  
3.  25/3 - 下午四時至六時 4:00pm to 6:00pm                      4.  26/3 - 上午十時至中午十二時 10:00am to 12:00nn

**II. 由大會免費運送 Free Delivery (不多於 30 盆盆栽 not more than 30 potted plants)**

請選擇接收時段 Please select a time slot for receipt

1.  25/3 - 上午十時至下午一時 10:00am to 1:00pm      2.  25/3 - 下午二時至五時 2:00pm to 5:00pm  
3.  26/3 - 上午十時至下午一時 10:00am to 1:00pm      4.  26/3 - 下午二時至五時 2:00pm to 5:00pm

茲聲明本機構／本校為本港註冊的慈善團體／非牟利機構／學校。

We declare that we are a charitable / non-profit making organisation / school registered in Hong Kong.

機構／學校負責人簽名：

Signature of person-in-charge of organisation/school

姓名 Name :

職位 Post :

聯絡電話 Telephone No.:

聯絡電郵 Email Address:

傳真號碼 Fax No.:

日期 Date :

蓋印 Chop