

**The Chinese University of Hong Kong  
Faculty of Medicine  
Department of Orthopaedics and Traumatology  
Sports Medicine Team**

**On-field Service Request Form**

Thank you for your interest in our service. Please provide the following information and email this form to [CUHKSportsMed@ort.cuhk.edu.hk](mailto:CUHKSportsMed@ort.cuhk.edu.hk).

<b>(A) Event Information</b>	
Event Name	
Event organizer	
Date	
Time	
Venue	
No. of Participants	
Will Media be invited?	
Contact Person	(Name)
	(Position & Institution)
	(Phone Number)
	(Email)
<b>(B) Service Requested</b>	
Service Item	Please put a "✓" in the box below
1. Medical Tent Support	
2. Sports Medicine Collaboration (Physiotherapy – Medical Consultation)	
3. Others (please specify)	

<b>(C) Expertise Required (Please specific the quantity)</b>	
Doctor	
Physiotherapist	
Sports Trainer	
No specific requirement	
<b>(D) Terms &amp; condition</b>	
Honorarium to CUHK (HKD)	
Resources / Materials provide to CUHK (e.g. ice, towels, chairs etc.)	
Resources provide to each staff involved (such as meals, official pass, etc.)	
<b>(E) Remarks</b>	
<b>(F) Details of Applicant</b>	
Applicant Name	Signature & Chop:
Post / Rank	
Institution	
Phone number	
Email	
Application Date	

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*For official use only:*

Approve  Disapprove , reason: \_\_\_\_\_

Handled by: \_\_\_\_\_ Date: \_\_\_\_\_