澳 門 特 別 行 政 區 政 府
Governo da Região Administrativa Especial de Macau
文 化 局
Instituto Cultural

GUIDED TOUR SERVICE APPLICATION FORM FOR GROUPS

Application no.:

Name of Orgnanization					
Address					
Contact Person		Tel. No.			
E-mail					
Language	☐Cantonese ☐ Mandarin ☐ English ☐ Portuguese				
Date of Visit		Time	_	No. of Visitors	
			_		
			_		
			_		
Places to Visit	☐Mandarin's House ☐Ruins of St. Paul's ☐Patane Night Watch ☐Lou Kau Mansion ☐Guia Fortress, Chapel and Lighthouse				

Authorized Officer Signature and Chop

_____

Signature Organization Chop Date: ___/____/_____

Remarks:

For the Cultural Heritage Department use only:

Recipient's Signature	Division Head of DSPC Remarks	Head of Cultural Heritage Department	Staff's Signature
Date of Receipt ____/____/___		☐ Approved ☐ Not Approved Date: ____/____/_____	Reply Date ____/____/_____

Remarks：
1. Cultural Affairs Bureau reserves the right to approve an application without excuses;
2. Photocopy of the blank form is allowed.