

SINGAPORE CHINESE GIRLS' SCHOOL

190 DUNEARN ROAD . SINGAPORE 309437 . TELEPHONE 62527966 . FAX 62523076

APPLICATION FOR THE USE OF FACILITIES

PARTICULARS OF APPLICANT * (Organisation)		
Name of Applicant :	Address :	Tel No (s) :- (H) : (O) : Fax No :
PERSON REPRESENTING ORGANISATION		
Name :	Home Address :	Tel No (s) :- (H) : (O) : Fax No :
NRIC No : _____ / _____ Designation : _____		
FACILITIES REQUIRED :		
1) _____ on _____ (day & date) from _____ am / pm * to _____ am / pm * Purpose : _____		
2) _____ on _____ (day & date) from _____ am / pm * to _____ am / pm * Purpose : _____		
3) _____ on _____ (day & date) from _____ am / pm * to _____ am / pm * Purpose : _____		
No. of Performers & Stage Hands : _____ Any Reception (food & drinks) ? : Yes / No *		
In addition to the rental of the facilities, I / we would like to rent the following optional equipment :		
1) Handheld wireless microphones (max 2 nos) : _____ nos.		
2) Clip-on / lapel wireless microphones (max 4 nos.) : _____ nos.		
3) Suspended condenser microphones (4 nos.) : _____ nos.		
4) Follow Spotlight (1 no.) : Yes / No *		
DECLARATION		
I declare that the above particulars are true and I agree to abide by the Rules & Regulations governing the application and use of the School facilities. I understand that my application may be rejected by the School Administration without assigning any reason whatsoever.		
_____	_____	_____
Authorised Signature	Official Stamp of Organisation	Date

* Delete where inapplicable.