

PERFORMING ARTS VENUES BOOKING REQUEST		
CONTACT DETAILS		
Company Name:	Contact Person:	
Company Registration No:	Designation:	
Address:	Tel/Fax:	
	Email:	
Company Type: <input type="checkbox"/> Non-Profit Organization(NPO) <input type="checkbox"/> Non NPO		
EVENT DETAILS		
Event Title:		
Event Type:		
Ticket Sale:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Event Description:		
Date and Time: (Please indicate the actual usage time.)		
Expected No. of Attendees:		
Venue Required: <input type="checkbox"/> Concert Hall <input type="checkbox"/> Drama Theatre <input type="checkbox"/> Studio Theatre <input type="checkbox"/> Gallery		
DECLARATION		
I, the undersigned, hereby declare that the above information is accurate and I understand that this booking request form does not in any way constitute a booking agreement.		
Name and Signature	Designation	Date
Please note that all bookings will be subject to confirmation.		
Please provide with your application a copy of your Registration of Company Certificate (ROC). We will respond within 14 working days upon receipt of your application.		