



ORGANISATION		
Name of Organisation:		
Address: S ()		
CONTACT PERSON		
Name: Mr/Ms/Mdm:		NRIC No.:
Handphone:	Office Tel:	Fax:
Email:		
EVENT DETAILS		
Title of Event:		
Date:	Day:	Starting time:
9 a.m. – 1 p.m. (Weekend / PH Only) <input type="checkbox"/>	2 p.m. – 6 p.m. (Weekend / PH Only) <input type="checkbox"/>	7 p.m. – 11 p.m. <input type="checkbox"/>
REHEARSALS		
(1 st) Date: _____ Time: _____ To _____		
(2 nd) Date: _____ Time: _____ To _____		
Estimated no. of people involved (Including Performers & Support Staff):		
ADDITIONAL REQUIREMENTS (Non-chargeable & subject to availability, please tick)		
<input type="checkbox"/> Concert Chairs (Quantity: _____) <input type="checkbox"/> Music Stands (Quantity: _____) <input type="checkbox"/> Rostrum <input type="checkbox"/> Conductor's Podium Stand <input type="checkbox"/> Holding Room (8 rooms) <input type="checkbox"/> VIP Parking Lots (6 lots). [Car plate number to be given 1 week prior to the event date via email]		
ADDITIONAL REQUIREMENTS (Chargeable, please tick)		
<input type="checkbox"/> Piano <input type="checkbox"/> Projector & Screen <input type="checkbox"/> Wired mic w/o stand (Quantity: _____) <input type="checkbox"/> Lapel/wireless mic (Quantity: _____)		
Reception		
<input type="checkbox"/> Outside PAC <input type="checkbox"/> Music Atrium		

Important:

As this is a government facility, please ensure that the activities held are not of racial, religious and political nature.

We accept all the terms and conditions stated and agree that a cancellation fee of \$500 is payable if cancellation is done within 14 days prior to the first rehearsal (if any) or the event.

Name of Applicant

Signature / Date

Organisation Stamp

FOR OFFICE USE

Application received on: _____

Application approved by P: _____ Date: _____

Remarks: _____