



**Paya Lebar Methodist Girls' School (Secondary)**  
**296 Lor Ah Soo Singapore 536742**  
**Tel: 62816606 Fax: 63820558**

### AGAPE CONCERT HALL BOOKING REQUEST FORM

Applicant (known as Licensee)

Organisation Name:

Contact Person Name:

Unique Entity Number (UEN):

Designation:

Address:

Tel:

Postal Code:

Email:

#### EVENT DETAILS

Venue Required:

☐ Concert Hall

☐ Holding Room (90 pax)

☐ Refreshment Area

Event Title:

Event Description:

Date and Time:  
(Proposed Event Schedule)

#### **Agape Concert Hall**

#### **Rehearsal(s) Date / Time:**

Date/Time: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

Date/Time: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

Date/Time: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

#### **Actual Event Date/Time:**

Date/Time: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

#### Holding Room

Date/Time: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

#### Refreshment Area

Date/Time: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

**The Concert Hall shall be opened 30 minutes before booking time. Any usage exceeding the booking duration will be charged accordingly, subject to hall availability.**

No. of Cast & Crew:

Expected No. of Attendees:

#### DECLARATION

I, the undersigned, hereby declare that the above information is accurate. I understand that this Booking Request Form does not in any way constitute a booking agreement. All bookings are subject to approval and confirmation, and the Terms and Conditions stated on Annex A.

Name and Signature

Designation

Date

