



BUKIT

THE
SINGAPORE ISLAND
COUNTRY CLUB

EVENT RESERVATION FORM

TO : Food and Beverages Department, Banquet Sales
THE SINGAPORE ISLAND COUNTRY CLUB
240 Sime Road, Singapore 288303
Tel : (65) 6466 2244, Fax : (65) 6466 3795 / 6455 9647

FROM :	Name of Member	:	_____	No.	:	_____
	Address	:	_____			
			_____ Postal Code (_____)			
	Contact No.	:	_____	(O)	_____	(R)
			_____	(HP)	_____	(FAX)

NAME OF FUNCTION

(Note : Confirmation of Private Golf Tournaments Catering Arrangement are subjected to the Approval of the Golf Tournaments)

DETAIL

Day / Date _____
No. of Person _____

Time _____ to _____
Menu _____
Beverage _____

VENUE

The Niblick
The Brassie
The Theatrette
Others (Please Specify)

The Mashie
The Poolside
Windows On Bukit

The Spoon
Bukit Room Restaurant
Bukit Bar

ADDITIONAL FACILITIES REQUIRED

Golf
Squash
Others (Please Specify)

Swimming
Movie / Seminar

Tennis

ADDITIONAL REQUEST

PA System
Others (Please Specify)

Rostrum / Microphone

CD / Cassette Tape Player

I agree to abide by the terms and conditions stipulated by the Club for private functions

(a) Please debit any expenses incurred during the function to my membership account no. : _____ or

(b) Please invoice any expenses incurred during the function to _____
_____, attention to Mr / Miss _____

I agree that I am personally liable for the payment on the bill of the function and if the person or company indicated by me as being responsible for payment of the same does not do so within fourteen (14) days, the bill will be debited to my account for payment under Rule 39.

Signature of Member

Date of Application

♦ A copy of the Function Terms and Conditions is enclosed