



ISLAND

THE
SINGAPORE ISLAND
COUNTRY CLUB

EVENT RESERVATION FORM

TO : Marketing & Communications Department
THE SINGAPORE ISLAND COUNTRY CLUB
180 Island Country Road, Singapore 578774
Tel : (65) 6459 2222, Fax : (65) 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 Bunker	Island Lounge	Prosperity Garden Restaurant
Island Swimming Pool	Bowling Alley	
Others (Please Specify) _____	_____	

ADDITIONAL FACILITIES REQUIRED

Golf	Bowling	Swimming
Karaoke	Billiards / Pool	Others (Please Specify) _____

ADDITIONAL REQUEST

PA System	Rostrum / Microphone	CD / Cassette Tape Player
Others (Please Specify) _____	_____	

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