



AR-JAS SPORTS CENTRE
 600, WEST COAST ROAD, SINGAPORE 127445
 Tel 67733004 Fax : 67733739
 C/O The Japanese Association, Singapore
 120 Adam Road Singapore 289899
 Front Office Tel : 64680066 Fax : 64671430

S/No. _____

APPLICATION FORM (Booking)

[TO HIRE FACILITIES OF THE AR-JAS SPORTS CENTRE]

AR-JAS S.C. Registered No: Application Date: ____/____/____ (DD/MM/YYYY)

Name of Organisation: _____
Name of Applicant: _____ **NRIC/Passport NO:** _____
Member/non-member
 ARC or JAS Member Public
Applicant Category
 Secondary School Students Primary School Students accompanied by parents Adults
 Corporate
Address: _____
E-mail Address: _____ **Contact No. : (Tel/HP)** _____ **(Fax)** _____

Details of booking : Please tick the appropriate box of each section (2,3).

1. Date Required:m (DD/MM/YYYY) / / / / / /

2. Purpose: Type of Usage – Practice Game Others
Sports – Softball Soccer Rugby Baseball Others
Remarks: _____

3. Time Slot 8:00 – 11:30 11:30 – 15:00 15:00 – 18:30 (*Multiple choice) **4. No of participants** _____

I agree to abide by the Rules and Regulation governing the use of the Centre and its facilities
 (A copy of the Rules & Regulations is available at the General Office at the Sports Centre or at JAS)

Signature of Applicant _____

Date : _____

For Office Use Only

(1) Received By	Name:	Sign :	Date :
(2) Verification of Registration Status	Name :	Sign :	Date :
(3) Field Availability Checked	Available / Not Available	Name :	Sign :
(4) Propose Area Allocation	Area :	Name :	Sign :
(5) Vetted By	Name :	Sign :	Date :
(6) Authorisation	Approved / Rejected	Sign :	Date :
(7) Follow-up Action	Hirer Informed : Yes / No	Sign :	Date :
(8) Payment Cheque	Bank/No. :	Date Received :	Sign/Date :
(9) Notification of Confirmation	No :	Sign :	Date :