



AR – JAS SPORTS CENTRE
600, WEST COAST ROAD,
SINGAPORE 127445
Tel 67733004

S/No. _____

REGISTRATION FORM

[FOR GROUP/ORGANISATION/INDIVIDUAL]

[1] Name of Group/Organisation/Individual : _____

[2] Nature of Group/Organisation : _____

[3] Affiliation to ARC or JAS : Yes /No
If yes, indicate membership no. for JAS Members : _____

[4] Address : _____

[5] Contact No. : _____ (Tel) _____ (Fax)
_____ (E-mail Address)

[6] Person-in-charge : _____ (Name)
_____ (Tel/HP) _____ (Fax)
_____ (E-mail Address)

Authorised Signature

Date

For Office Use Only

Received By : _____ Date: _____

Action Taken: Approved Rejected

Registered No.

Follow up Action: Hirer Informed Date: _____ Signature _____