THE TENERIFFE

The Management Corporation Strata Title Plan No. 2866 166 Laurel Wood Ave, The Management Office S275866 Tel: 6463 4639 Fax: 6463 4818

FUNCTION ROOM BOOKING

Particulars Of Resident					
Name:	Contact No.:				
House No.:	Resident Card No.:				
Booking Details					
Session: * S1 / S2	Estimated No. of Guests:				
(S1: 10a.m. to 4 p.m.; S2: 5p.m. to 11p.m.)	Estimated No. of Guests.				
Date of Use:	Official Receipt No.:				
Term of Payment: Cash / Cheque no.:	Approved By:				
Purpose of use: * Birthday Party / Wedding / Gathering / Others :					
Resident's Acknowledgement					
Resident's Acknowledgement I confirmed that I have read & understood the rules &	regulations for the use of the Function Room stated				
	regulations for the use of the Function Room stated				
I confirmed that I have read & understood the rules &	regulations for the use of the Function Room stated Date:				
I confirmed that I have read & understood the rules & below. I agree to abide by the rules & regulations.					
I confirmed that I have read & understood the rules & below. I agree to abide by the rules & regulations.					
I confirmed that I have read & understood the rules & below. I agree to abide by the rules & regulations.	Date:				
I confirmed that I have read & understood the rules & below. I agree to abide by the rules & regulations. Signature:	Date: [ust be produced]				
I confirmed that I have read & understood the rules & below. I agree to abide by the rules & regulations. Signature: For Cancellation / Change of Date of Use (Receipt M. I hereby agreed to *cancel / change the date of my Fundamental Processing States of the rules & regulations.	Date: [ust be produced]				
I confirmed that I have read & understood the rules & below. I agree to abide by the rules & regulations. Signature: For Cancellation / Change of Date of Use (Receipt M. I hereby agreed to *cancel / change the date of my Fundamental Processing States of the rules & regulations.	Date: Sust be produced) Etion Room booking from the above				

Rules & Regulations on the use of Function Room

1. Bookings:

- a. Strictly only residents above the age of 16 with a valid Resident card are permitted to book the Function Room.
- b. Booking Timing: 9am to 5pm on weekdays & 9am to 1pm on Saturdays
 - *Booking form is obtainable at the Management & Security counter.
- c. Booking of Function Room is open one month in advance on the first-come-first serve basis.
- d. No reservation of booking slot via telephone booking will be entertained.
- e. A non-refundable charge of \$15.00 per session shall be made payable for the use of the pantry upon submission of the booking form for a confirmed booking by cash or cheque made payable to "The Management Corporation Strata Title Plan No. 2866". Payment by cheque or cash be made latest by 10.00 a.m. on the next working day. A further payment of \$100.00 refundable deposit shall also be made for each booking. All bookings are not transferable.
- f. Cancellation shall be made 3 days prior to the date of use. No refund shall be made for cancellation.
- g. Cancellation must be made in person and cancellation via phone will not be entertained.
- h. To discourage frivolous bookings, residents who failed to turn up & use the facility for two bookings without proper cancellation shall be barred from booking the facility for the next 2 months.
- The resident is required to undertake to comply with the Rules & Regulations as stated herein before any approval
 is granted.
- j. Each apartment is entitled to book the Function Room per session per month.
- k. An official receipt will be issued to you, please bring along this receipt on the day for verification.
- 2. The number of guests is limited to 40. If the guests exceed 20, it is advisable that a guest list be given to the Management office to facilitate security control.
- Live band & disco is strictly prohibited.
- 4. Highly flammable equipment & portable burners are not permitted.
- 5. Portable radios & cassette players are permitted at the Function Room area provided that there are no complains from the residents. The Management reserves the rights to request the removal of any of this equipment should it deem fit.
- 6. The resident shall ensure the cleanliness of the area after use.
- 7. Resident & their guest must ensure that there should not be excessive noise or nuisance caused to other residents.
- 8. Inspection of the Function Room and the areas shall be carried out by the Management to determine whether there has been compliance with the Rules & Regulations in respect to the Function Room & its facilities to the satisfaction of the Management. The Management in its absolute discretion reserves the right to forfeit the deposit of \$100.00 if the residents or their guests are found to have not complied with one or more of the above Rules & Regulations. Over & above this, all costs incurred in cleaning the area & rectifying any damage shall be borne by the resident concerned.
- 9. All unwanted & left over food, litters & etc must be disposed into the provided bins.
- 10. Permission must be obtained from the Management prior to hiring of additional tables & chairs to be used at the Management.
- 11. The Management will not be held responsible for any injuries, damages or loss of limb or property sustained by residents & their guests, whatever caused when using the facilities.
- 12. We would appreciate your cooperation to end the Function Room session at 4.00pm or 11.00pm respectively.

^{*} please delete accordingly

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FUNCTION ROOM INSPECTION FORM

Name:			House no.:				
Date of use:			Resident Card no.:				
Session: * S1 / S2			Contact no.:				
Inspection BEFORE using Function Room:							
Chairs	Sink		Pantry				
Remarks (if any of the above marked 'X'):							
Others:							
ecked by Security Guard: Signature:							
Verified by Resident:			Signature:				
Inspection AFTER using Function Room:							
Chairs	Sin	k		Pantry			
Remarks (if any of the above marked 'X'):							
Others:							
Checked by Security Guard:			Signature:				
Verified by Resident:			Signature:				
For official use only:							
Deposit refund: * YES / NO			Refunded by:				
Deposit acknowledge receipt by:							
Signature:			Date:				
	Chairs Ity Guard: Ity Guard: Chairs Chairs Ity Guard: Ity Gu	Chairs Sin The above marked 'X'): The above marked 'X'): Rusing Function Room: Chairs Sin The above marked 'X'): The above marked 'X'): The above marked 'X': The above marked 'X': The above marked 'X': The above marked 'X': The above marked 'X':	RE using Function Room: Chairs Sink The above marked 'X'): Rusing Function Room: Chairs Sink The above marked 'X'):	Resident Card : Contact no.: RE using Function Room: Chairs Sink Signature Signature Rusing Function Room: Chairs Sink Sink Sink Sink Sink Sink Sink Sink	RE using Function Room: Chairs Sink Pantry The above marked 'X'): Rusing Function Room: Chairs Signature: Signature: Rusing Function Room: Chairs Sink Pantry The above marked 'X'): Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature:		

^{*} please delete accordingly