

## **BOOKING FOR KAROAKE (SENSE) ROOM**

Name	NRIC/Passport No :					
Unit No	:	(E-mail)				
Contact No	: (O)					
BOOKING DE	TAILS:					
Karaoke Room Date of Use :						
No. of Guests (Max. 5)	:	Sessio Sessio	ı :	1 / 2 / 3		
The applicant he	reby agrees to abide by the fo	ollowing conditions imposed	y the Manageme	ent Office:		
<ol> <li>Permitted hours for usage of karaoke room:         Monday – Sunday : Session 1: 9.00am – 12.00pm / Session 2: 1.00pm – 5.00pm / Session 3: 6.00pm – 10.00pm</li> <li>Booking and usage of karaoke (sense) room are limited to only 1 session per unit per month.</li> <li>Only up to 1-month advance booking is allowed.</li> <li>The booking fee is \$20/- per session. Payment can be made over the counter or deposit a crossed cheque into the Management Office letterbox. No cash is to be deposited. Cheque is to be made payable to "MCST Plan No: 3306". The fees are non-refundable except for cancellations made at least 1 week (including the date booked) in advance. In this case, if residents wish to reschedule, the booking must be made 1 week in advance and subject to availability. If proper cancellations have been made, residents may reschedule without making additional payment.</li> <li>The deposit fee is \$50 per session is to be paid prior to booking of the facility. The deposit will be refunded upon completion of inspection after the use of Sense Room on the condition that there is no damage and that the facility is clean.</li> <li>Deposits will be forfeited if facility is unclean or if there are damages inclusive of damages to surrounding areas, equipment and/or furniture or unclean. The Management reserves its rights to recover cost form the resident for reinstating the facility to the original condition if the cost of damage exceeds the deposit fee.</li> <li>Bookings can be made over the counter or by telephone during the office hours.</li> <li>Telephone booking must be confirmed by faxing in the completed application form on the same day, and payment must be made by 10.00am the next working day.</li> <li>The maximum no. of guests allowed per session is 5 only.</li> <li>Residents are advised to submit a guest list (names &amp; vehicle numbers) to the Management Office in advance to facilitate security control and guests' easy access into the premises.</li> <li>Please bri</li></ol>						
Name of Applicar	nt	Signature		Date		
FOR OFFICIAL USE ONLY						
Deposit Fee Booking Fee Cheque No. Date	:	Receipt	No. / Bank Issued d / Issued By	:		
FOR OFFICIAL USE ONLY						
Refunded of Deposit Amount:		Cheque N	lo. / Bank	:		
Collected by	:	Issued I	ly.	:		
Date	:					



FOR OFFICIAL USE ONLY							
Inspection by Security (	<u>Guards</u>	Inspection by Cleaners					
The furniture has been put back to its original position: Yes / No		The furniture has been put back to its original position: Yes / No					
Damage has been spotted If yes, please specify	: <u>Yes / No</u> :	Damage has been spotted If yes, please specify	: <u>Yes / No</u> :				
Inspected by	:	Inspected by	:				
Acknowledged by	:	Acknowledged by	:				