



BOOKING FORM

VENUE DETAILS

VENUE :			
ADDRESS :		Post Code :	

CONTACT PERSON FOR BOOKING:

Name :			
Email :			
Mobile :			

*We will contact you at the above numbers on the actual day of caroling, if necessary.
If you wish to provide an additional contact person, please fill in his/her details below.*

Name :			
Mobile :			

Booking Details

*Do indicate your preferred caroling dates in order of: **1 - Most Preferred** to **3- Least Preferred**
We will endeavour to give you your most preferred date but in the event that the slot is fully booked, your next available choice will be allocated to you.*

Preferred Date(s) :	(1)	(2)	(3)
Timeslot :	<input type="checkbox"/> 7:30pm	<input type="checkbox"/> 9:30pm	

Donation Amount :	
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*Kindly make the cheque out to "**CSCC**" and write "Sing for Charity" together with your name and contact number at the back of the cheque.
Your donation will be collected by a Sing For Charity rep after the caroling session.*

Referred By :		Date :	
Booking Received By :		Date :	
Remarks :			