



APPLICATION FORM FOR USE OF BARBEQUE PAVILION

Name of Applicant : _____

Blk No. : _____ **Unit No. : #** _____

Contact No. : _____ **(O)** _____ **(R)**

Time of Booking : (AM) 1000 hrs to 1500 hrs
(PM) 1700 hrs to 2200 hrs (Mondays to Fridays)
(PM) 1700 hrs to 2300 hrs (Saturdays, Sundays and Public Holidays)

Date of Booking : _____

Please note that a refundable deposit of **S\$100.00** is to be placed with the Management Office upon booking of the Barbeque Pavilion. You may place the deposit via cheque. Cheque deposit should be made payable to “**The MCST Plan No. 4058**”.

I / We hereby wish to reserve the Barbeque Pavilion on the above-mentioned date and time for my / our private function. I / We agree to abide by the rules & regulations governing the use of Barbeque Pavilion as stated in the House Rules of L'VIV. I / We also understand and agree that our refundable deposit of **S\$100.00** will be deducted / forfeited should I / We fail to clear all debris after usage, cause any damages to the pit ,the utensils or fail to use the Barbeque Pavilion after I / We booked it.

Applicant's signature

Date

For Office Use:

Deposit paid by: Cash _____
Cheque (Bank _____ Cheque No. _____)

Name & Signature

Date received

“By providing your personal data to us, you agree that MCST 4058 may collect, use and disclose such information for security and monitoring purposes. You further agree that such information may be disclosed to MCST's related corporations and third parties who provide services to MCST 4058.”

Handing over of the Barbeque Pavilion after use to the Management in *good order/not in order.

Remarks: _____

Acknowledged by:

Name and Signature: _____ Date : _____

Refund of Deposit

I / We hereby acknowledge the receipt of the refund of S\$ _____ via cash
(cash/nexus/_____ / cheque (Bank _____ Cheque No. _____))

Name & Signature

Date Received

* Delete which is not applicable.

Checklist for Barbeque Pavilion

Item	Qty	Before	After	Remark
Aerogaz Stove	1			
Aerogaz Barbeque Grill	1			
Tables	4			
Chairs	14			

- Please Tick (√) if all items are in good working condition
- Please indicate (X) for items which are not in good working condition

Before Use,
Owners / Tenants, please acknowledge before use of the facility

Name & Signature

Date

After Use,
Checked By:

Security Officer Name & Signature

Date