

UKULELE TRIAL FOR BEGINNERS

* REGISTRATION FORM *

Date: 16th October 2010, Saturday
Time: 3pm – 4pm
Venue: Level 2, Meeting Room.
Fees: F.O.C



Details of Participants:

S/No	Participant's Name	M/S No.	Member F.O.C	Guest F.O.C
1				
2				

Billing Particulars:

Name : _____ Membership No.: _____
 Telephone: _____ (R) _____ (Fax-R) _____ (Pgr/Hp)
 _____ (O) _____ (Fax-O) E-mail : _____
 Address: _____

Terms & Conditions:

- 1) No telephone bookings will be accepted. All bookings must be made by submitting the completed registration form to the Main Reception, by fax to 6344 4476, by email at Events@sswimclub.org.sg or by mail to Katong PO Box 50, Singapore 914302.
- 2) Submission of this registration form is not proof of acceptance. Registration is on a first-come-first serve basis and will be confirmed in writing to the member named above.

I hereby agree to abide by the terms indicated above and certify that my guest/s is/are eligible to participate in the event. Further, I authorize the Singapore Swimming Club to debit the total charges to my account, being the fee(s) for the above event mentioned.

 Member's Signature/ Date



Please retain this part for your reference

I have signed-up for a **Ukulele Trial for Beginners** on **Saturday, 16th October 2010** at Level 2, The New Meeting Room.