

**SINGAPORE TEACHERS' UNION**  
**162 TAGORE AVENUE, SINGAPORE 787752**  
**TEL: 6452 4403 FAX: 6458 4163**

**FACILITIES BOOKING APPLICATION FORM**

- Note: 1. Before completing this Facilities Booking Application Form, please read the General Guidelines governing the use of STU Facilities.  
 2. Please use 1 Facilities Booking Application Form for the booking of different Facilities at the same date and time.

Name: Mr. / Mrs. / Ms / Dr. \_\_\_\_\_ NRIC No. \_\_\_\_\_

Organisation: \_\_\_\_\_

Contact Nos. (HP/PG) \_\_\_\_\_ (O) \_\_\_\_\_ (H) \_\_\_\_\_

Please delete accordingly: STU Member / Non-Member / Committee Member / Staff Member

Type of Facility Applied For	Please Tick	Type of Facility Applied For	Please Tick
Committee Activities Room		Special Purposes Room	
Karaoke Room		STU Hall	
Conference Room		Swimming Pool (for Divers)	
Training Room		Poolside	

<b>Purpose</b>	<b>No. of Guests / Participants</b>
(Bookings for / or relating to Religious and Political purposes will not be allowed)	
<b>From</b>	<b>To</b>
Period _____ / _____ / _____ (Date: DD/MM/YY)	Period _____ / _____ / _____ (Date: DD/MM/YY)
Time _____ AM / PM	Time _____ AM / PM

**DECLARATION**

I declare that the particulars given are True and I agree to abide by the General Guidelines governing the Application and Use of STU Facilities.

I hereby agree to accept full liability for my conduct, the conduct of my guests, losses, and damage caused at the premises of Singapore Teachers' Union (STU), and indemnify STU for any responsibility, liabilities, or actions in the event of any losses, injury, accidents, and damage caused.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Stamp of Organisation

<b>FOR OFFICE USE</b>	
APPROVED / NOT APPROVED	Name of Staff _____ Date _____
Rental \$ _____ Guests Fees \$ _____ Total \$ _____	Receipt No. _____ Date _____