SINGAPORE CHINESE ORCHESTRA CO LTD
SCH & ARTS GROUPS PARTNERSHIP PROGRAMME (SAPP)
APPLICATION FORM

新加坡华乐团 Singapore Chinese Orchestra

Part A: Applicant's Particulars

Name of Group/Address:

Contact Person and Designation:

Contact No: (O) Fax: E-mail:

Part B: Details (please tick appropriate box)

Application

¨ Yes! My Group would be keen to sign up for the free SAPP.
(Kindly note that your group needs to be incorporated in Singapore)

¨ Maybe. My Group would like to meet up with SCO to find out more about SAPP before signing up.

Package Option

¨ My Group will be interested in Package 1.
(Kindly note that the 4th concert hall booking must not exceed 2 years from the 1st booking)

¨ My Group will be interested in Package 2.

Number of Concert Hall Performances By Your Group in a Calendar Year

¨ None ¨ One ¨ Two ¨ Three ¨ Four ¨ Five and above

Free Concourse for Lunchtime Performances

¨ Yes! My Group would like to use the Concourse for free to present lunchtime performances.

¨ Maybe. My Group would like to find out more about this lunchtime performance initiative.

Others

¨ My Group would like to receive regular updates on SAPP.

Part C: Acknowledgement

I, _____, NRIC No. _____ the authorised representative of the Group _____, undertake to apply for SAPP on behalf of the Group. I certify that all information given above is true and correct.

_____ Signature

_____ Date

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