

**SINGAPORE CONFERENCE HALL
SCH & SCHOOL PARTNERSHIP PROGRAMME (SSPP)
APPLICATION FORM**



Part A: Applicant's Particulars											
Name of School/Address:											
Contact Person and Designation: Mr/ Mrs/ Mdm/ Ms											
Contact No: (O)	Fax:	E-mail:									
Part B: Details (please tick the appropriate box)											
<p><u>Application</u></p> <p><input type="checkbox"/> Yes! My School is keen to sign up for the SCH & School Partnership Programme (SSPP).</p> <p><input type="checkbox"/> Maybe. My School wishes to find out more about SSPP before signing up.</p> <p><u>Types of Performances</u></p> <p>My School will be interested to hold the following performances at Singapore Conference Hall (you may tick more than one):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Chinese Orchestra</td> <td style="width: 33%;"><input type="checkbox"/> Choir</td> <td style="width: 33%;"><input type="checkbox"/> Concert Band</td> </tr> <tr> <td><input type="checkbox"/> Instrumental Ensemble</td> <td><input type="checkbox"/> Musical</td> <td><input type="checkbox"/> Others</td> </tr> <tr> <td>Please specify: _____</td> <td></td> <td>Please specify: _____</td> </tr> </table> <p><u>Others</u></p> <p><input type="checkbox"/> My School wishes to receive regular updates on SSPP.</p> <p><input type="checkbox"/> My School wishes to have our performances listed in SCH quarterly publication and on SCH website.</p>			<input type="checkbox"/> Chinese Orchestra	<input type="checkbox"/> Choir	<input type="checkbox"/> Concert Band	<input type="checkbox"/> Instrumental Ensemble	<input type="checkbox"/> Musical	<input type="checkbox"/> Others	Please specify: _____		Please specify: _____
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<input type="checkbox"/> Instrumental Ensemble	<input type="checkbox"/> Musical	<input type="checkbox"/> Others									
Please specify: _____		Please specify: _____									
Part C: Acknowledgement											
I, _____, NRIC No. _____ the authorised representative of the School, undertake to apply for SSPP on behalf of the School. I certify that all the information given above is true and correct.											
_____	_____										
Signature/School Stamp	Date										



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