



Rasa Istimewa Restaurant

AT SAFRA JURONG

EVENT BOOKING FORM

Full Name: _____

Date (DD/MM/YY): _____

Contact Number: _____

Day: (M) (T) (W) (Th) (F) (Sa) (Su) PH/PH Eve: Y / N

Contact Person: _____

Start & End Time of Event: _____

Email Address: _____

No. of Pax: _____

Billing Address: _____

.....

Please answer the questions below.

Type of Event (e.g. Company Annual Dinner/Wedding): _____

Type of Preferred Food Menu: BUFFET RECEPTION / SET MENU / CUSTOMISED A-LA-CARTE

Use of Stage Platform: Y / N

Use of Audio-Visual Facilities (Please Circle): Microphones / LED TV (HDMI) /
Projector Screen / Karaoke System

.....

Please answer the questions below.

Q. Do you require decoration of the stage or venue for the event? If yes, please specify.

Q. Are there any guests with dietary restrictions (e.g. Vegetarian) or allergies? If yes, please specify.

Q. Are you intending to hold any performances during the event? If yes, please specify.

By filling up this form, I hereby confirm that all information provided is true and accurate for the upcoming event. If there are any changes, I am to inform the Restaurant minimum one (1) month prior to the event after confirmation.

Client's Signature: _____