Name of Applicant(\*)  


Address(\*)  


Email(\*)

Home Number(\*)

Office Number

Handphone(\*)

Member of TMC(\*)  
YesNo

Minister Officiating(\*)  


**ACTUAL DAY**

Date Required(\*)

Time From(\*)  


To(\*)  


**REHEARSAL (IF ANY)**

Rehearsal Date(\*)

Time From(\*)  


To(\*)  


Facilities Required(\*)  
SanctuaryMulti-purpose Hall

**Rules & Regulations**