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**