FUNCTION APPLICATION FORM

Name:	Unit No:	Owner / Tenant
Mobile No:	Email ID:	
Function Date:	Time From : To	
Expected Guests: Adults Kids	Location: BBQ Area / Multipurpose Hall	
Caterer's Name:	Vehicle No:	
Contact No:	No of staff:	

Terms & Conditions:
1. All application forms together with reservation charges and deposit must be submitted to the Management Office at least five (5) working days in advance.
2. Reservation of function areas are on a first come serve basis subject to the Rules & Regulations laid down by the Management Corporation (MC) from time to time. A refunded deposit is required for making any reservations as per the House Rules Schedule E, shall be paid when making reservation.
3. Residents are to ensure cleanliness of function area is maintained at all times. If the areas used for party/function has not been cleared of discarded articles, food remnants etc. Then cost of removing such rubbish and/or if there is any damage caused the cost of repairing or replacing the articles shall be deducted from the deposit before the balance is refunded. In the event the said cost exceeds the amount of the deposit, then the residents concerned shall be required to pay excess amount.
4. All function must end by 10.00pm during weekdays 11.00pm during weekends and public holidays. Residents are fully responsible for any damages to the common area due to the party/function.
5. Fire at the barbeque area should not be left unattended and must be put out at the end of the function.
6. All cheques payment must be addressed to: "GCB Court Management Corporation".

7.	Deposits	Rental
Multipurpose Hall	RM200.00	RM25.00 per hour RM75.00 half day (4 hours) RM150.00 full day (8 hours)
BBQ Pit	RM50.00	RM50.00 per event
Pavillion Area (Lobby)	RM300.00	RM75.00 per event

FOR OFFICE USE ONLY

Resident 's Signature: _____ Name:	Deposit Received RM: Cash/Cheque No: _____ Date:	Attended by: _____ Name:
1.Inspection satisfactory / unsatisfactory 2.Refund recommended / not recommended Reason: _____ _____ Inspected by: _____ Date: _____		I/we hereby acknowledge receipt of the deposit refund RM: Cash/Cheque No: _____ Name:_____ Date:_____