

ESPLANADE GROUP iTOUR BOOKING FORM

To: Customer Service, Esplanade Front Of House
Email: foh@esplanade.com
Tel: (65) 6828 8377 Fax: (65) 63386828

iTour Personal Digital Assistant are available from the Concert Hall Information Counter anytime from 10am – 6pm. During the tour, participants will be able to explore Esplanade at their own pace. Participants can redeem their free gift upon returning the PDAs. A sneak peek of the Concert Hall and Theatre will be conducted, subjected to venue availability.
The Esplanade iTour prices are as follows:

Adult: \$10.00 inclusive of GST
Children (aged 7-12 years old): \$8.00 inclusive of GST

Section 1: To be completed by customer

Customer Information

Organisation : _____

Address: _____

Postal Code: _____ Email Address: _____

Contact Person: _____ Tel: _____ Fax: _____

Tour Information

No. of Participants: Total: _____ Adults: _____ Children: _____

Date of Tour: _____ Time: _____ Between 10 a.m. and 6 p.m.

Please state preferred time

Mode of Payment

Cash

Credit Card: Amex / Visa / Masters / Diners

Name as on Credit Card: _____

Cheque / IFAAS / GIRO

Credit Card No: _____

(Made payable to "The Esplanade Co Ltd")

Expiry date: _____

Terms & Conditions

1. Bookings can only be confirmed upon receipt of full payment.
2. Booking will be released if payment is not received 2 days prior to date of tour selected.
3. Bookings are not refundable or transferable to another date and time.
4. Please note that all requirements are subject to availability at time of request.
5. An administrative fee of 50% of total amount is applicable for cancellation with less than 48 hours notice.
6. An administrative fee of 100% of total amount is applicable for cancellation with less than 24 hours notice.
7. Tax receipt will be issued upon payment.
8. A deposit of an identity card, passport or travel document will be required to sign out a PDA.

Signature / Date

Name: _____

Title: _____

Section 2: To be completed by Esplanade, Customer Services

Payment Advice

Serial No:

No. of Paying Participants: Total: Adult: Children:

Total amount payable (incl. GST \$ _____) \$ _____ Payment due date: _____

Section 3: To be completed by Esplanade, Customer Services & Finance

Amount Received (\$) _____ Bank / Chq No. _____ O/R No. _____

(Indicate bank & cheque number for cheque payment)

Received by (FOH): _____ Handed –over to (Finance): _____

Name / Signature / Date

Name / Signature / Date

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S/N	NAME OF PARTICIPANT	A = ADULT * C = CHILD *	IDENTIFICATION / PASSPORT NUMBER
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