

## MONTFORT YOUTH CENTRE OPEN HOUSE CHARITY CARNIVAL 2017 21st MAY 2017 (SUNDAY) - 9.00A.M. – 4.00P.M.

## FOOD/PRODUCT STALL

| 01.        | Date                    |  |  |  |  |
|------------|-------------------------|--|--|--|--|
| 02.        | Name                    |  |  |  |  |
| 03.        | Company/Individual      |  |  |  |  |
| 04.        | Name of Stall           |  |  |  |  |
| 05.        | Address                 |  |  |  |  |
|            |                         |  |  |  |  |
| 06.        | Contact No              | Hand phone:  |  |  |  |
|            |                         | Office :   |  |  |  |
|            |                         | House :  |  |  |  |
| <b>07.</b> | Type of Food/Product    |  |  |  |  |
| <b>08.</b> | Type of Stall           | (Please tick X in the appropriate box)                 |  |  |  |
|            |                         | Food and Drinks  |  |  |  |
|            |                         | Products stall   |  |  |  |
|            |                         | 2 <sup>nd</sup> Hand Goods                             |  |  |  |
|            |                         | Exhibition   |  |  |  |
|            |                         | Games  |  |  |  |
|            |                         | Others. Please specify                                 |  |  |  |
|            |                         |  |  |  |  |
| 09.        | Ready made food         |  |  |  |  |
|            | Require cooking         |  |  |  |  |
|            | Please tick             |  |  |  |  |
| 10.        | Total grass income cont | ribution to MVC (places tiek V)                        |  |  |  |
| 10.        | Total gross income cont | Total gross income contribution to MYC (please tick X) |  |  |  |
|            | 100%                    | 70%  |  |  |  |
|            | 90%                     | 60%  |  |  |  |
|            | 80%                     | 50%  |  |  |  |
| l          | 1                       |  |  |  |  |

Please note that if your contribution is 100%, the rental charges would be waived!!!!!

For further inquiries, please contact Ms. Pauline/ Ms. Laura at

**Tel: 06-3510114/115 Fax: 06-3510200** (8.30a.m.-5.30p.m. excluding Sat & Sun)

Our Email add: montfortpcu@yahoo.com

Thank you. May God Bless You!!!!



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| RE  | NTAL CHARGES:                     |                |        |
|-----|-----------------------------------|----------------|--------|
| 0.1 |                                   | D14 120 00 1   | •      |
| 01. | Full Canopy (18' Long X 18' Wide) | RM 130.00 each | unit/s |
| 02. | Half Canopy (9' Long X 9' Wide)   | RM 75.00 each  | unit/s |
| 03. | Table (6' Long X 3' Wide)         | RM 5.00 each   | unit/s |
| 04. | Plastic Chair                     | RM 0.60 each   | unit/s |
| 05. | Power Point                       | RM 5.00 each   | unit/s |

## PLEASE NOTE : If contribution is <u>less than 50%</u> the following rates apply

| 01. | Full Canopy (18' Long X 18' Wide) | RM 170.00 each | unit/s |
|-----|-----------------------------------|----------------|--------|
| 02. | Half Canopy (9' Long X 9' Wide)   | RM 85.00 each  | unit/s |

\_\_\_\_\_\_

| I / We hereby agree to the rental charges above. |               |  |
|--|---------------|--|
| Name   |               |  |
| NRIC   |               |  |
| DATE   |               |  |
| Authorized Signature                             |               |  |
| Montfort Youth Centre<br>CIMB ACCOUNT NO         | 8004 - 589639 |  |