

3RD SONIC INTERNATIONAL CLASSIC 2025 23-26 April 2025

HOTEL & FLIGHT INFORMATION

Congress / Association / Club:	
Country:	
Total Number of Bowlers:	
Contact Person:	
Email Address:	

HOTEL RESERVATION (please also complete attached rooming list)

ORCHID GOLF & RESORT HOTEL

1 Orchid Club Road, Singapore, 769162

Туре	Twin / Triple Sharing \$210 nett	Quad Sharing \$260 nett	Check In Date	Check Out Date
Number of rooms required				

Twin / Triple Sharing: 1 Queen & 1 Single bed, maximum of 3 pax per room Quad Sharing: 1 Queen & 2 Single beds, maximum of 4 pax per room Hotel Reservations does not include breakfast.

Credit Card Details for Guarantee Purposes

(Payment to be made at Sonic Bowl @ SAFRA Yishun)

_____ (card holder print name) hereby provide the

to

following credit card details as guara charge my credit card as follows:	ntee for the attached reservations and authorize SONIC BOWL to
 One night Charge Per Room charge March 2025, Monday 	as reserved, for any cancel or release of rooms done on or after
• Full duration charge as reserved, fo	or any no-show
• Full duration charge as reserved, fo	Per Room charge as reserved, for any cancel or release of rooms done on or after onday rge as reserved, for any no-show rge as reserved, for any shorten of stay / early departure Visa / Master / Amex / JCB (please circle accordingly) n Card: mber: sate: Security Code: ddress: Number: Email: Date:
Visa / Master	/ Amex / JCB (please circle accordingly)
Name on Card:	
Card Number:	
Expiry Date:	Security Code:
Contact Number:	Email:
Signature:	Date:
Hotel Reserv	vations must be made through Sonic Rowl

Airport Transfers will be provided for those who have reserved rooms through Sonic Bowl for rooms at the Orchid Golf & Resort Hotel. Daily shuttle service at allocated schedules (Hotel - Bowling Venue -Hotel) will be provided for those housed at Orchid Golf & Resort Hotel.

Kindly submit reservations by 31 March 2025, Monday, latest to programmes@sonicbowl.sg

** Please reserve rooms early to avoid disappointment. Room availability subject to first-come-first serve basis.

ROOMING LIST

Congress / Association / Club:							
Country:							
Total Nur	Officials:						
Contact P	Person:						
Email Address:							
S/N	Room Type	Name of Guest	Check In	Check Out			

FLIGHT INFORMATION

ARRIVAL DATE	ARRIVAL TIME	FLIGHT#	# OF PAX	DEPARTURE DATE	DEPARTURE TIME	FLIGHT#	# OF PAX