

Application Form

Application Date: / /

1	Applicant's Name	
2	User's Name	*If applicant is not the user, please write the user's name.
3	Membership Number	
4	Address	
5	TEL	*Please write the phone # we can contact you on the reserved day.
6	Date	1st choice: / / 2nd choice: / / 3rd choice: / /
7	Time	a. () Half-day Use 10:00 – 13:00 b. () Half-day Use 13:00 – 16:00 c. () Day Use 10:00 – 16:00 *We will ask you details later if you applied for more than 2 days.
8	Number of Users	people

* By e-mail, please include above 1-8 in your text.

tobo@sogetsu.com



(Office Use Only)

利用料	(半日) 1,500 X	
	(1日) 3,000 X	
土代	@2,000 X	
その他		
合計		