



**Stilts Calatagan Beach Resort**  
Unit 706 City & Land Megaplaza, ADB Ave., Ortigas Center, Pasig City  
Hotline: 6872324  
E-mail: [sales@rosegoldbeachresort.com](mailto:sales@rosegoldbeachresort.com)  
[www.rosegoldbeachresort.com](http://www.rosegoldbeachresort.com)

## OCULAR GATE PASS

NAME OF COMPANY : \_\_\_\_\_

ATTENTION : \_\_\_\_\_ / MOBILE NO. \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ / FAX \_\_\_\_\_

Approved Ocular Date: \_\_\_\_\_ Tentative Date for Event: \_\_\_\_\_

Expected Time of Arrival: \_\_\_\_\_ Total No. of Guest for Event: \_\_\_\_\_

Signature over Printed  
Name of Committee Head: \_\_\_\_\_

Names of Members:

|          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

### **Note:**

- Fill-up form completely and fax back to us for approval through our hotline. We will then fax this back to you as soon as we have given approval and made arrangements for your visit.
- Please present this ocular inspection form to the security personnel upon entry and to the staff who will assist you in going around the resort.
- Your group shall be allowed an ocular inspection of our resort and are hereby permitted to take pictures or video shots of the resort and its facilities that can be used as a presentation report of your ocular visit to the venue.
- ***WE RESERVE THE RIGHT TO CHARGE ENTRANCE FEES TO GUESTS MAKING AN OCULAR OF THE RESORT W/O AN APPROVED OCULAR GATE PASS.***

Venue Representative who will assist/tour you during ocular inspection: \_\_\_\_\_

Approving Officer:

\_\_\_\_\_