## Rasa Form

## **Personal Details**

**Full Name** 

| Rasa1                                 |   |
|---------------------------------------|---|
| Contac                                | t Number                                  |
| 0                                     |   |
| Reques                                | stor Information                          |
|                                       |   |
| Reques                                | stor Type                                 |
|                                       |   |
|                                       |   |
| -veni                                 | Information                               |
| Event 1                               | Name                                      |
| Event N                               | Name                                      |
|                                       | Name<br>Date/Day                          |
|                                       | Date/Day                                  |
| Event [                               | Date/Day                                  |
| Event [ 11/29/                        | Date/Day 1899 Description                 |
| Event [ 11/29/                        | Date/Day                                  |
| Event [ 11/29/                        | Date/Day 1899 Description                 |
| Event [  11/29/  Event [  Expected  0 | Date/Day 1899 Description                 |
| Event [  11/29/  Event [  Expected  0 | Date/Day 1899 Description ed Participants |

| How many days do you require us facility?  | e of the   |
|--|--|
| 0  |  |
| Start Time   |  |
| 12:00 AM   |  |
| End Time   |  |
| 12:00 AM   |  |
| Facilities Needed  | Equipment Needed   |
| *please check all rooms/facilities you plan to use  Auditorium Food and Beverage Room Main Lobby Dance Studio Multi Purpose Hall Gymnasium Classrooms Kitchen Area | *please check all equipment you plan to use  MIS/IT Sound System Number of Sound System Microphone Number of Microphone LCD Projector Number of Lcd Projector Widescreen Number of Sound System  Bag Chair/s Number of Chair/s Table/s Number of Table/s Black Panel Number of Black Panel Whiteboard Number of Whiteboard Aircon Time : |
| Subr   | mit Back   |
| Venue Approval   |  |

Osa Approval