Summary of Rasa Form

Personal Details

Full Name

Enter your name

Contact Number

Enter your mobile number

Event Information

Event Name

Enter Event Name

Event Date/Day

mm/dd/yyyy

Event Description

Select Description

Expected Participants

of Participants

Purpose/Objective

Specify the purpose

How many days do you require use of the facility?

Specify the days

Start Time

--:-- --

End Time

--:-- --

Facilities Needed

please check all rooms/facilities you plan to use

- ◯ Gymnasium
- ◯ Classrooms
- ◯ Kitchen Area
- ◯ Dance Studio
- ◯ Main Lobby
- ◯ Auditorium
- ◯ Multi Purpose Hall
- ◯ Food and Beverage Room

Equipment Needed

please check all equipment you plan to use

MIS/IT

- ◯ Sound System — Number of Sound System
- ◯ LCD Projector — Number of Lcd Projector
- ◯ Microphone — Number of Microphone
- ◯ Widescreen — Number of Sound System

Bag

- ◯ Chair/s — Number of Chair/s
- ◯ Black Panel — Number of Black Panel
- ◯ Aircon Time — --:-- -- to --:-- --
- ◯ Table/s — Number of Table/s
- ◯ Whiteboard — Number of Whiteboard
- ◯ Other: — Other/s

Testing Button