

# Summary of Facility Reservation Request Form

## Personal Details

### Full Name

Mr. Mike

### Contact Number

97756849

### Requestor Information

Student\_Leader

### Requestor Type

A701

## Event Information

### Event Name

Test Event

### Event Date/Day

10/16/2023

### Event Description

Seminar

### Expected Participants

3

### Purpose/Objective

Deped Budget

### Required Days

3

### Start Time

03:26 AM

### End Time

12:00 AM

# Facilities Needed

*Here is the list of facilities you have selected:*

- ✓ **Auditorium**
- ✓ **Food and Beverage Room**
- ✓ **Main Lobby**
- ✓ **Dance Studio**
- ✓ **Multihall**
- ✓ **Gymnasium**
- ✓ **Classroom**
- ✓ **Kitchen**

# Equipment Needed

*Here is the list of equipment you have selected:*

## MIS/IT

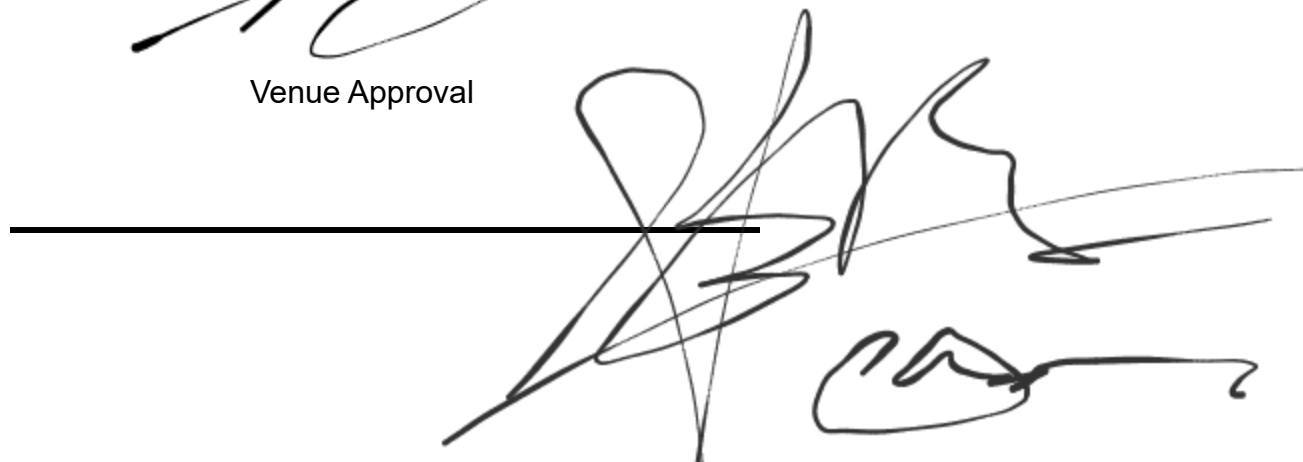
- ✓ **Sound System** - 4
- ✓ **Microphone** - 5
- ✓ **LCD Projector** - 6
- ✓ **Widescreen** - 10

## Bag

- ✓ **Chair/s** - 359
- ✓ **Table/s** - 150
- ✓ **Black Panel** - 6
- ✓ **Whiteboard** - 7
- ✓ **Aircon Time** - 03:26:00 To 00:00:00
- ✓ **Other: Chalkboard**

A large, stylized handwritten signature in black ink, written over a horizontal line.

Venue Approval

A large, stylized handwritten signature in black ink, written over a horizontal line.