

Summary Rasa Form

Personal Details

Full Name

Contact Number

Requestor Information

Requestor Type

Event Information

Event Name

Event Date/Day

Event Description

Expected Participants

Purpose/Objective

How many days do you require use of the facility?

Start Time

End Time

Facilities 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

Equipment Needed

*please check all equipment you plan to use

MIS/IT

☐
Sound System

☐
Microphone

☐
LCD Projector

☐
Widescreen

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

-- : -- --

to

-- : -- --

☐

Other: Other/s

Venue Approval

Osa Approval