

Summary Rasa Form

Personal Details

Full Name

Randel

Contact Number

2147483647

Requestor Information

Requestor Type

Event Information

Event Name

Fairwell1

Event Date/Day

10/12/2023

Event Description

Ms. Betty Retirement

Expected Participants

0

Purpose/Objective

How many days do you require use of the facility?

2

Start Time

08:17 AM

End Time

12:00 AM

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 1
- ☐ Microphone 2
- ☐ LCD Projector 3
- ☐ Widescreen 4

- Bag
- ☐ Chair/s 5
- ☐ Table/s 6
- ☐ Black Panel 7
- ☐ Whiteboard 8
- ☐ Aircon Time

08:11 AM

 to

08:11 PM
- ☐ Other: 15

Venue Approval

Osa Approval