

# 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**

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Venue Approval

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Osa Approval