

# Summary of Facility Reservation Request Form

## Personal Details

Full Name

Test 123

Contact Number

0

Requestor Information

Requestor Type

## Event Information

Event Name

Event Date/Day

10/12/2023

Event Description

Expected Participants

0

Purpose/Objective

2

Required Days

1

Start Time

07:23 AM

End Time

12:00 AM

# Facilities Needed

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

- ✓ **Auditorium**
- ✓ **Food and Beverage Room**
- ✓ **Dance Studio**
- ✓ **Multihall**
- ✓ **Kitchen**


# Equipment Needed

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

**MIS/IT**

**Bag**

- ✓ **Chair/s** - 2

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

Venue Approval

A solid black horizontal line.

Osa Approval