Summary Rasa Form
Personal Details
Full Name dejha
Contact Number 0
Requestor Information
Requestor Type
Event Information
Event Name
Event Date/Day 11/27/1899
Event Description
Expected Participants 0
Purpose/Objective
How many days do you require use of the facility? 0
Start Time 12:00 AM
End Time 12:00 AM
Facilities Needed
*please check all rooms/facilities you plan to use
Auditorium
Audionalii
Food and Beverage Room
Tool and Develage Room
Main Lobby
Dance Studio
Multi Purpose Hall
Gymnasium
Classrooms
Vitaban Ana
Kitchen Area Equipment Needed
Equipment Needed
*please check all equipment you plan to use
MIS/IT
Sound System
Number of Sound System
Trained of South System
Microphone
Number of Microphone
LCD Projector
Number of Lcd Projector
Widescreen
Number of Sound System
-

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
:
Oth and
Other: Other/s
Venue Approval
Osa Approval