

# Summary of Facility Reservation Request Form

## Personal Details

Full Name

Ciggs

Contact Number

0

Requestor Information

Student

Requestor Type

## Event Information

Event Name

Event Date/Day

10/16/2023

Event Description

Expected Participants

0

Purpose/Objective

Purpose

Required Days

0

Start Time

07:50 PM

End Time

12:00 AM

# Facilities Needed

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

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

# Equipment Needed

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

## MIS/IT

- ✓ **Sound System** - 1
- ✓ **Microphone** - 2
- ✓ **LCD Projector** - 3
- ✓ **Widescreen** - 4

## Bag

- ✓ **Chair/s** - 5
- ✓ **Table/s** - 6
- ✓ **Aircon Time** - 08:13:00 To 20:13:00
- ✓ **Other: 7**

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Venue Approval

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Osa Approval