Summary Rasa Form

Personal Details

Full Name

Are you			
Contact No	umber		
0			
Requestor	· Informatio	n	
Requestor	Туре		
Event Ir	nformat	ion	
Event Ir		ion	
		ion	
	ne	ion	
Event Nan	ne	ion	
Event Nan Event Date	ne e/Day	ion	
Event Nan Event Date 11/28/1899	ne e/Day	ion	

Expected Participants	
0	
Purpose/Objective	
How many days do you require us facility?	e of the
0	
Start Time	
12:00 AM	
End Time	
12:00 AM	
Facilities Needed	Equipment Needed
*please check all rooms/facilities you plan to use	*please check all equipment you plan to use
Auditorium	MIS/IT Sound System Number of Sound System
Food and Beverage Room	Microphone Number of Microphone
Main Lobby	LCD Projector Number of Lcd Projector
Dance Studio Multi Purpose Hall	Widescreen Number of Sound System
Gymnasium	Bag
Classrooms	Chair/s Number of Chair/s
Kitchen Area	Table/s Number of Table/s Black Panel Number of Black Panel
	Whiteboard Number of Whiteboard
	Aircon Time to: Other:

Submit Back

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Venue Approval
Osa Approval
С са. т. фр. с т. а.