

Summary Rasa Form

Personal Details

Full Name

Malfred

Contact Number

Enter your mobile number

Event Information

Event Name

Birthday Party

Event Date/Day

mm/dd/yyyy

Event Description

Etc

Expected Participants

of Participants

Purpose/Objective

380

How many days do you require use of the facility?

Specify the days

Start Time

12:57 PM

End Time

02:58 PM

☐ Aircon Time to ☐ Other:

Facilities Needed

**please check all rooms/facilities you plan to use*

☐ Gymnasium ☐ Kitchen Area ☐ Main Lobby ☐ Multi Purpose Hall
☐ Classrooms ☐ Dance Studio ☐ Auditorium ☐ Food and Beverage Room

Equipment Needed

**please check all equipment you plan to use*

MIS/IT

☐ Sound System ☐ Microphone
☐ LCD Projector ☐ Widescreen

Bag

☐ Chair/s ☐ Table/s
☐ Black Panel ☐ Whiteboard
☐ Aircon Time to ☐ Other:

Submit

Back