

Summary Rasa Form

Personal Details

Full Name

Drei

Contact Number

Enter your mobile number

Event Information

Event Name

Event Date/Day

mm/dd/yyyy

Event Description

Expected Participants

of Participants

Purpose/Objective

330

How many days do you require use of the facility?

Specify the days

Start Time

12:00 AM

End Time

12:00 AM

☐ 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

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