Summary Rasa Form

Personal Details

Full Name

dejha	
Contact Number	
0	
Requestor Information	
Requestor Type	
Event Information	
Event Information Event Name	
Event Name	
Event Name Event Date/Day	

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.