

Summary Rasa Form

Personal Details

Full Name

Ciggs

Contact Number

0

Requestor Information

Requestor Type

Event Information

Event Name

Event Date/Day

11/28/1899

Event Description

Expected Participants

Purpose/Objective

How many days do you require use of the facility?

Start Time

End Time

Facilities Needed

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

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

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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Venue Approval

Osa Approval