

Summary Rasa Form

Personal Details

Full Name

Contact Number

Requestor Information

Requestor Type

Event Information

Event Name

Event Date/Day

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

Number of Chair/s

☐

Table/s

Number of Table/s

☐

Black Panel

Number of Black Panel

☐

Whiteboard

Number of Whiteboard

☐

Aircon Time

-- : -- --

to

-- : -- --

☐

Other: Other/s

Submit

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Venue Approval

Osa Approval