

# Rasa Form

## Personal Details

Full Name

Miguel B. Acera

Contact Number

0

Requestor Information

Requestor Type

## Event Information

Event Name

Event Date/Day

11/29/1899

Event Description

Expected Participants

0

Purpose/Objective

How many days do you require use of the facility?

0

Start Time

12:00 AM

End Time

12:00 AM

## 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  to
- ☐ Other:

Submit

Back

*Jonathan Banks*  
**Jonathan Banks**

Venue Approval

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Osa Approval