

CAS-SOC-SAR-1819-\_\_\_\_\_\_

NAME OF ORGANIZATION

**Student Activity Room Reservation form**

SAN BEDA UNIVERSITY

COLLEGE OF ARTS AND SCIENCES

**OFFICE OF THE PREFECT OF STUDENT ACTIVITIES**

[opsa@sanbeda.edu.ph](mailto:opsa@sanbeda.edu.ph)

**APPLICATION FOR THE USE OF THE STUDENT ACTIVITY ROOM (SAR)**

**Date Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify, on behalf of the organization, that all officers will be responsible for any damage to persons or properties during the said meeting/activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature above Printed Name and Position

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XXXXXXXXXXXXX

*SOC Scribe*

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALFRANCIS B. CABUNGCAL

*SOC Chair*

*(To be filled out after audited by the SOC Scribe or anyone appointed by the Internal Vice President within one (1) hour after the meeting/activity)*

\_\_\_\_\_ Good condition

\_\_\_\_\_ Poor condition

Remarks:

Assessed by:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature above Printed Name