## OFFICE OF PHYSICAL PLANT

## Ateneo de Zamboanga University

## Zamboanga City

## **MANUEL SAURA’S 401, 402& 403**

 ( ) MS 401 ( ) MS 402 ( ) MS 403

## RESERVATION FORM

# Date(s) of Intended Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_

# Type of Activity to be Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please specify needs:

# ( ) Chairs How many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ( ) Table - Small How many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# - Long How many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  ( ) Podium ( ) ADZU Seal ( ) Philippine Flag

#  ( ) Platform

#  ( ) Sound System – How many microphone/s?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  ( ) Standby Generator

#  ( ) Others ( Please Specify ):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Group/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Moderator’s Name & Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Person making the reservation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address & Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Special Condition:
2. The User must help the janitor clean the area after program.
3. No Styro allowed inside the campus
4. No Smoking allowed inside the campus
5. Reservation shall be submitted to Physical Plant Office 3 days before the activity or event.

## **­­NO RESERVATION IS FINAL UNTIL SIGNED BY THE DIRECTOR BELOW**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  **Director**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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