

De La Salle Lipa
College Learning Resource Center
Audio Visual Section

Mini-Auditorium & Amphitheater Reservation Form

Date Filed: _____

Office: _____

Venue: _____

Purpose: _____

Facilities
Needed: _____

Do you need technician? (Pls. check)
____ Yes ____ No

Date Needed: _____

Time Needed: _____

Reserved by: _____
Signature Over Printed Name

Approved by : _____
AV Personnel

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