**REQUEST FOR UTILIZATION OF UNIVERSITY FACILITY**

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

*Please attach approved TSU-SOU-SF-08 Request on the Conduct of Student Activity.*

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FACILITY TO BE REQUESTED**

LS Court

CET AVR

TSU Gymnasium

Others (Pls. Specify)

Heroes’ Park

TSU Main AVR

**Number of Participants/Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Utilization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

President of Student Organization Adviser Dean

 \*for college-based organization

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

Personnel-In-Charge of Facility VP, Admin. And Finance

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President of Student Organization Adviser Dean

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Personnel-In-Charge of Facility VP, Admin. And Finance