



**UNIVERSITY OF SANTO TOMAS  
OFFICE OF THE SECRETARY-GENERAL**

**VENUE RESERVATION FORM  
(Private Facilities)**

VENUE	
<input type="checkbox"/> Arch of the Centuries ( <i>UST Museum</i> ) <input type="checkbox"/> Benavides Auditorium ( <i>Junior High School</i> ) <input type="checkbox"/> Benavides Garden ( <i>UST Museum</i> ) <input type="checkbox"/> BGPOP Lobby <input type="checkbox"/> BGPOP Mezzanine <input type="checkbox"/> Dr. Robert C. Sy Grand Ballroom <input type="checkbox"/> George S.K. Ty Function Hall <input type="checkbox"/> 4A <input type="checkbox"/> 4B <input type="checkbox"/> 4C <input type="checkbox"/> 402 <input type="checkbox"/> 403 <input type="checkbox"/> 404 <input type="checkbox"/> Whole	<input type="checkbox"/> Main Building Lobby ( <i>UST Museum</i> ) <input type="checkbox"/> Museum Gallery/Main Hall ( <i>UST Museum</i> ) <input type="checkbox"/> Plaza Mayor <input type="checkbox"/> Quadricentennial Arena ( <i>IPEA</i> ) <input type="checkbox"/> Quadricentennial Square <input type="checkbox"/> Others: _____ _____

VENUE ENDORSEMENT <i>(to be filled out by the venue owner, if applicable)</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Regrets	_____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature over Printed Name</span> <span>Designation</span> <span>Date</span> </div>

SCHEDULE <i>(use back page if necessary)</i>		
<b>INGRESS</b>	<b>EVENT PROPER</b>	<b>EGRESS</b>
<i>Date:</i> _____	<i>Date:</i> _____	<i>Date:</i> _____
<i>Time (from-to):</i> _____	<i>Time (from-to):</i> _____	<i>Time (from-to):</i> _____

EQUIPMENT/PERSONNEL REQUEST <i>(use back page if necessary)</i>			
QTY	EQUIPMENT	QTY	EQUIPMENT
<b>Manpower/Personnel:</b> <input type="checkbox"/> Elevator Operator <input type="checkbox"/> Janitor <input type="checkbox"/> Security Guard <input type="checkbox"/> Technician			
<b>Outsources equipment:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____			
<b>Sponsor's booth:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (number): _____			

EVENT DETAILS	
<b>Event name:</b> _____	
<b>Objective:</b> _____	
<b>In coordination with:</b> _____	
<b>Participants:</b> <input type="checkbox"/> Administrators <input type="checkbox"/> Faculty Members <input type="checkbox"/> Students <input type="checkbox"/> Alumni <input type="checkbox"/> Support staff <input type="checkbox"/> Non-Thomasian	
<b>Number of participants:</b> _____	<b>Nature of activity:</b> _____

ORGANIZER
<input type="checkbox"/> Office/Department: _____ <input type="checkbox"/> Student Organization: _____ <input type="checkbox"/> External: _____

<b>Requested by:</b>  _____ <p align="center">Signature over printed name/Date</p> <b>Endorsed by:</b>  _____ <p align="center">Dean/Department Head/Date</p>
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FOR OFFICIAL USE ONLY	
RECEIVED	
<b>VENUE AVAILABILITY</b> <input type="checkbox"/> Available <input type="checkbox"/> Unavailable _____	<b>APPROVAL</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____
ENCODED	
Date: _____	e-ReSERVe No. _____