

Request date: ____/____/____

Mayor of Oda city

Requester Address: _____

Name: _____

Contact: _____

Request to use the Oda Event Space (Social Welfare Facility)

Booking Information

Reason for use (Event name and details)		
Classification (Check the appropriate option)	<input type="checkbox"/> Using for Social Welfare Facility (Free) <input type="checkbox"/> Particular Use (The rooms are available for groups or people for particular use that are not for Social Welfare Facility, but fees will be charged)	
Date Hours	____/____/____ From: ____:____ ____/____/____ Until ____:____	Total Hours
Number of participants	People	
Desired Room (Mark the option)	Big Room Consultation Room Kitchen Training Room A Training Room B Training Room A and B (Opening central door to have a big space)	
	Air Conditioning Heater	YES • NO
Others (Equipment)		
Data of the person responsible for the request	Address	
	Name	Contact
Data of the person who will receive the key	Name	Principal phone number (Mobile Phone)
<p>※Please, come to take the key 2 working days before the date of use</p>		