



JERUDONG INTERNATIONAL SCHOOL ARTS CENTRE

THE PLACE FOR THE ARTS IN BRUNEI

VENUE BOOKING FORM

Company/Individual Name:	Company/Individual Address:
Contact Person:	Tel No:
Email Address:	Event/Production Name:
Actual Date(s) of Event:	No of people expected to attend:
Event description:	

MAIN EVENT VENUE
<input type="checkbox"/> Auditorium
<input type="checkbox"/> Foyer
<input type="checkbox"/> Gallery
<input type="checkbox"/> Conference Room

Date required	Time Required	
(Rehearsals & Event Date)	From	To

AUDI-VISUAL REQUIREMENTS	AV Support (please tick)	Date required	Time Required	
		(Rehearsals & Event Date)	From	To
For set-up				
For rehearsal				
For actual event				

IT Resources/AV Equipment Required:

<input type="checkbox"/> Computer	<input type="checkbox"/> Projector	<input type="checkbox"/> Screen	<input type="checkbox"/> Speakers
<input type="checkbox"/> Clicker mouse	<input type="checkbox"/> Network connection	<input type="checkbox"/> Internet	
<input type="checkbox"/> PA System	<input type="checkbox"/> Cordless Mic.	<input type="checkbox"/> 3.5mm audio cable	

Other (Please specify):



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GOVERNMENT APPROVAL FOR EVENT

All public events **MUST** be approved by the government. Once approved letter received, it will need to be submitted to the Arts Centre Manager.

VENUE SET UP

Specific plan required? No Yes (Please attach to this form)

Podium required? No Yes

No. of tables needed: _____ No. of chairs needed: _____

Other special arrangements required? Please provide details below:

ANY OTHER INFORMATION

Please provide any additional information you feel may be appropriate regarding this event.

SIGNATURE

Please sign to confirm the above information is correct. Thank you.

Company Stamp