CLASS RESERVATION FORM

XAVIER UNIVERSITY - ATENEO DE CAGAYAN
AUDIO VISUAL OFFICE

NON REGULAR CLASSROOM ACTIVITIES
RESERVATION FORM

Reserved by: _____
Name and Signature

Endorsed by: _____
Unit Head - Name and Signature

XU ID: _____
Contact #: _____
Department: _____

Audio Visual Office Use Only:

Received by: _____ Date: _____
Approved by: _____ Time: _____
AVOffice Staff

1
Subject: _____ Section: _____
Schedule(day): _____ Time: _____

	Date	Time	# of Stud.	AVR #	Control #	Remarks
1st						
2nd						
3rd						
4th						
5th						

2
Subject: _____ Section: _____
Schedule(day): _____ Time: _____

	Date	Time	# of Stud.	AVR #	Control #	Remarks
1st						
2nd						
3rd						
4th						
5th						

3
Subject: _____ Section: _____
Schedule(day): _____ Time: _____

	Date	Time	# of Stud.	AVR #	Control #	Remarks
1st						
2nd						
3rd						
4th						
5th						

4
Subject: _____ Section: _____
Schedule(day): _____ Time: _____

	Date	Time	# of Stud.	AVR #	Control #	Remarks
1st						
2nd						
3rd						
4th						
5th						

Please submit this form to Audio Visual Office SBM ground floor