

FREE-OF-CHARGE (FOC) REQUEST FORM



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Applicant's Name:	Date of App	lication:	Applicant's Name:		Date of Application:
School/Organization/Institution: Purpose (title of activity and subject for students):			School/Organization/Institution: Purpose (title of activity and subject for students):		
-mail Address: Mobile No.:			E-mail Address:		Mobile No.:
Area/s applied for:			Area/s applied for:		
Date of Activity: Time (start-finish):		inish):	Date of Activity:		Time (start-finish):
Equipment/Props/Costum	e: Expected no	o. of attendees:	Equipment/Props/Costume	e:	Expected no. of attendees:
Signature over Printed Name (To be filled out by the Authorized Official)			Signature over Printed Name (To be filled out by the Authorized Official)		
REMARKS:			REMARKS:		
() APPROVED () DISAPPROVED	Permit No.: Date Issued:		() APPROVED () DISAPPROVED	Permit No.: Date Issued:	
Processed/Issued by:			Processed/Issued by:		
Authorized Official			Authorized Official		