



KALA ACADEMY GOA

CAMPAL PANAJI GOA 403 001

Email- kalaacademygoa@yahoo.co.in

Ph.No. 0832-2420451,52,53,54,56. ax:- 242045

REQUISITION FORM FOR BOOKING THE ACCOMMODATION IN THE COMPLEX

(to be filled by the applicant)

1 Name of the Applicant : _____
2 Full Address : _____
3 Ph.No./Mobile No./Fax : _____
4 Name of the Accommodation : _____
5 Date & Time of the Session : Date: _____ Time: _____
6 Actual Starting Time of the Programme : _____
7 Name of the Programme : _____
8 Is the programme ticketed/free : _____
9 V.I.P. Expected : _____

FOR OFFICE USE

	RATE	SESSION	No. of days	QTY.	Amount
I Rent of Accommodation					
II Security Guard					
III Sound System					
a) Cordless Mic					
b) Collar Mic					
IV Light Equipments					
V Stage Equipments					
a) Chairs					
b) Curtain					
c) Table					
d)					
VI TOTAL					
VII Service Tax					
VII Luxury Tax					
IX Security Deposit (Refundable)					
X TOTAL					

In Words Rupees _____

Cheque for refund of Security Deposit to be made in the name of _____

I/We hereby agree to abide by the Rules for hiring the accommodation in the Academy Complex of which I am fully aware. In case of any breach of Rule is made, I shall be liable to pay damages or any other action by Kala Academy other than forfeiting my deposit, and also agrees to abide by the condition mentioned overleaf.

Date:- _____

Name _____

SIGNATURE

FOR OFFICE USE ONLY

CONFIRMED/NOT CONFIRMED

Booking Incharge

(Theatre Manager)

Rs. _____ (Rupees _____)

Receipt No: _____ dated _____

Dated:- _____

Cashier

