

(Member, Cilect/International Association of Film and Television Schools)
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VENUE USE FORM

Film Student	UPFI Thesis	U.P CMC	U.P Units	UPFI Event	Non U.P Private	
Name:	er Printed Name.	Stude	Student # :		Date:	
Signiture Ove	er Printed Name.					
Phone Number:	Email:_			Faculty Adviser:		
					Signiture Over Printed Name.	
RESERVATION REQUES						
	is permit will only be pr					
	-	-			receive an email notification or txt	
message either confirming r	eservation or advising of o	conflict. You should	d bring your email co	nfirmation with you on	the day you reserve.	
NATURE OF ACTIVITY:						
Thesis/Production/Shoot						
GA/Orientation/Assembl	y					
Film Screening/Premiere					····	
Seminar/Conference/Wo	orkshop					
Others						
VENUE OF ACTIVITY: _						
CHECK-IN-DATE:			CHEC	CK-OUT-DATE:		
START TIME:						
Storage and Security Bon						
Equipment,						
Failure to remove the props						
Daniel A. No	oriega		_	Melissa A.	Dela Merced	
Building Administrator/Equipment Custodian			Fa	Faculty Coordinator, Academic Programs & Research		
VENUE AVAILABLE				□ APPROVED	DISAPPROVED	
				_	_	
				FOR	RENTALS	
SIGNITURE:						
Signiture inc	dicates having read ar	nd agreed to th	e guidelines outli	ned in the venue re	eservation policy, Users will	
_		-	-		ure to abide by these policies	
will result in loss of priv	vileges, restitution , a	nd / or student	disciplinary action	on or legal action fo	or non- U.P users.	
		Signiture	Over Printed Nan	 ne		
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