



ILOILO DOCTORS' COLLEGE

West Avenue, Molo, Iloilo City

Tel. No. 335-8262

OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

KIOSKS/BOOTHS APPLICATION FORM

EVENT: _____

VENUE: _____

DURATION: _____

TIME: _____

	PARTICIPATING KIOSK	CONTACT PERSON	CONTACT #	KIOSK #	RENTAL	ELECTRICITY	TOTAL AMOUNT DUE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Prepared by: _____

Signature over printed name

Host Department

Noted: _____
Dean/Principal/Head of Sponsoring Department

Approved: _____
Office of Student Affairs

