



Facilities Rental Participants' List

Facility: Choose an item.

Start Date: [Click here to enter a date](#)

Time: _____

End Date: [Click here to enter a date](#)

Weekly occurrences: _____

Responsible Person #1: _____

ID number: _____

Email: _____

Phone #: _____

Responsible Person #2: _____

ID number: _____

Email: _____

Phone #: _____

NO.	Participant's Name	Relationship to ISB	Car Plates No.
1		Click to choose an item	
2		Click to choose an item	
3		Click to choose an item	
4		Click to choose an item	
5		Click to choose an item	
6		Click to choose an item	
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22		Click to choose an item	
23		Click to choose an item	
24		Click to choose an item	
25		Click to choose an item	