Title of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kindly read the provisions stated herein. After reading, the activity organizer should affix his/her signature below. Signing means that the terms and conditions are fully understood and the requesting party is willing to abide by the following:

1. The activity organizer should provide the participants’ rooming list to SWADCAP staff through email at least three (3) days before the conduct of the activity.
2. Check-in of participants is at 1:30 in the afternoon onwards on the first day of the activity. Check-out is at 12:00 noon on the last day of the activity.
3. The function room will be opened once the organizer has given the go-signal to the guard on duty.
4. The use of a function room will only be allowed until 8:00 in the evening.
5. Discussion of SWADCAP house rules should be incorporated into the activity’s programme. SWADCAP staff will be available to provide the orientation or the orientation material.
6. The staff in charge of the activity during its duration should be responsible for the compliance of participants on the proper observance of the Facility house rules.
7. If there is a need to cancel, postpone or re-schedule the activity, SWADCAP should be informed through email at least one (1) week before the activity.
8. A Statement of Account (SOA) will be issued by SWADCAP within a week after the activity. Payment should be processed by the organizing office within one (1) month after the issuance of the SOA. Kindly furnish SWIDB/SWADCAP with a copy of the validated DV or ORS as proof of payment.
9. Other charges incurred due to lost/damaged items by participants will be charged to the participant.
10. Client Satisfaction Measurement Survey (CSMS) will be requested to be accomplished by the activity organizer.

Conforme:

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Signature over Printed Name of Organizer Office

*Please e-mail back at* *swadcap@dswd.gov.ph* *once accomplished. Thank you!*