



Event Form Details 2017

If there are any changes to this Event, eg change of supplier, change of venue

PLEASE SUBMIT A NEW EVENT FORM

Date Requested: _____ Date of Event: _____

CONTACT DETAILS

First Contact Details: Name: _____ Contact No: _____

EVENT DETAILS

Event Times/s: Start _____ Finish _____

Event Description: _____

Location: Campus and Room: _____

Address of Venue if location is not at School: _____

How many students attending: _____ How many Adults: _____ Names of Adults (pls write overleaf)

Book Bus: _____ No. of Passengers: _____ COST of Bus: \$ _____

Departure Time from School: _____ Return Departure Time to School: _____

COST of Excursion: \$ _____

Venue Insurance Details: _____

TEACHERS NOTE:

Remember to register children with STUDENT ACTIVITY LOCATOR (SAL) for all Events (ie Excursions/Camps) outside of School

Event will be using the following equipment:

(School equipment) _____

(Organisers equipment) _____

Supplies: (School provided supplies) _____

How have children with special needs/dietary requirements been considered? _____

Please see map attached showing route of any power cords/cables that will be used.

Information will be distributed to (TICK)

- Principal/Business Manager
- All Staff
- All Parents
- Other _____

- Attached is other information about this Event

Principal (Signature)

Business Manager (Signature)