



Wells International School

EVENT PLANNING FORM

Please provide the following information so that arrangements can be made to organize staff , rooms for your event. This form must be completed and get approval at least 3 days before the event takes place.

Date of Event: _____ Name of Event: _____

Organizer's Name: _____

Purpose of event _____

To be held in Room(s) / Hall/Auditorium: _____

No. Of Chairs required: _____ Tables required: _____ Other facilities: _____

Refreshments to be served: Yes No: _____ Budget: _____

Start Time: _____ End Time: _____

Individual(s) responsible for coordinating this Event: _____ Position: _____

Please list staff involved (If any)

Name	Responsibility	Name	Responsibility

List outside companies involved (if any)

NO.	Company Name	Purpose	Remarks

Please be noted that outside companies must come in to set their booths only during the school hours and must leave school at or before 16:00 PM.

Event Coordinator must inform security guards such as date and timing regarding coming in and out of outside companies.

Requested By

Head of Campus

Vice Chair-person

Chairman

wells-school.com

facebook.com/wellsschool

On Nut Campus

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