



# 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](http://wells-school.com)

[facebook.com/wellsschool](https://facebook.com/wellsschool)

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