

Event Application Form

Event Details

Event Name/Type: _____

Date Of Event: _____

Reason For Event: _____

Event Target:

The Entire Student Body

Individual Year Level/s Please indicate which year level/s _____

Individual Class/es Please indicate which class/es _____

Adults only (i.e. teachers, parents etc)

The General Community

Other

Food To Be Available/Sold: _____

Drinks To Be Available/Sold: _____

Event Co-Ordinator Contact Details

Name: _____

Number: _____

Email: _____

P & C Use Only

Can this event be made green or amber? Yes No

Ways to achieve this:

Can this event be excluded as a RED occasion? Yes No

Under what grounds:

Approved as RED occasion? Yes No

In which term? 1 2 3 4

Signature Of P & C Executive Member

_____ Date _____

Signature of School Principal

_____ Date _____