



## FUNDRAISING ACTIVITY/EVENT PROPOSAL FORM

Please fill in all relevant details. This form must be signed and approved by all authorized persons to be valid.

**Please submit this form to Service and Field Trip Coordinator within 2 weeks prior your activity/event.**

Project Title/Description: \_\_\_\_\_

Objectives: \_\_\_\_\_

Requested by: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Room# or Facility: \_\_\_\_\_ Event Starting Date: \_\_\_\_\_ Event Finishing Date: \_\_\_\_\_

Set-up Date and Time: \_\_\_\_\_ Event Starting Time: \_\_\_\_\_ Event Finishing Time: \_\_\_\_\_

### Budget Proposal in Baht

#### Income

• Application/Registration fees:	
• Other fees:	
• Projected number of students:	
<b>Total Projected Income</b>	

**Expenses:** *Attach additional costs / information as required to support this proposal:*

• Food / Beverage / Transportation	
• Stationary/Materials	
• PR & Advertising	
• Structural / Facility & Equipment costs	
<b>Total Projected Cost:</b>	

**Projected Profit after Expenses:** \_\_\_\_\_

**Please check all items required for your activity/event:**

#### Custodian and/or Events Support

Yes	No	Item Description	Quantity	Remark
		Chairs (folding)		
		Chair covers		
		Tables		
		<input type="checkbox"/> Rectangular		
		<input type="checkbox"/> Round		
		<input type="checkbox"/> Cocktail		



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Yes	No	Item Description	Quantity	Remark
		Table cloths		
		Table skirts		
		Podiums		
		Easels		
		Backdrop		
		Stage		
		Floor covered		
		Extension cables		
		Food and Beverage Details: _____ _____		
		Others <input type="checkbox"/> Plants <input type="checkbox"/> Flowers <input type="checkbox"/> Center pieces <input type="checkbox"/> Balloons <input type="checkbox"/> Other decorations <input type="checkbox"/> Others _____ _____		

### IT Technician Services

Yes	No	Item Description	Quantity	Remark
		Microphones <input type="checkbox"/> with Cord <input type="checkbox"/> Cordless <input type="checkbox"/> Headset		
		Overhead projector		
		Screen		
		Laptops		
		Pointer		
		Lighting		
		Sound system <input type="checkbox"/> Portable sound speakers <input type="checkbox"/> Full sound system		



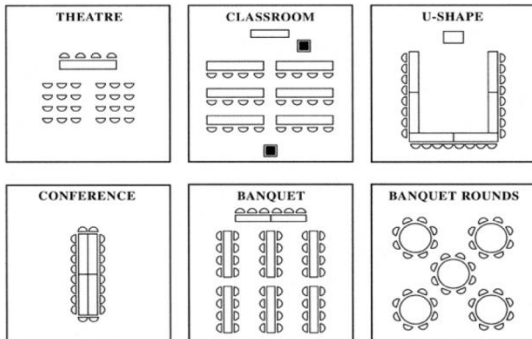
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Yes	No	Item Description	Quantity	Remark
		Music Instruments <input type="checkbox"/> Keyboard <input type="checkbox"/> Piano <input type="checkbox"/> Drums <input type="checkbox"/> Guitar <input type="checkbox"/> Bass guitar <input type="checkbox"/> Note stand <input type="checkbox"/> Others: _____ _____		
		Video recording		
		Photography		
		Projected backdrop		
		Others: _____ _____		

**Room Layout or Diagram:**

Please select one of sketch your own layout in the space provided below:

- Theater    
  Classroom    
  U-Shape    
  Conference    
  Banquet    
  Banquet Rounds



**Sketch your own layout**

**Signed and Dated: Please get signatures of the person from number 1 to number 8 respectively**

	Signature	Date		Signature	Date
1)Project Initiator			5) Principal		
2)CAS/CS Coordinator			6) Head of School		
3)CAS/CS Teacher/Supervisor			7) Event Coordinator (P'Pui)		
4)Vice Principal			8) CS/CAS Coordinator Assistant (P'Aoh)		