



## EVENT REQUEST FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_

**Details of Event being held at ICSS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments/Requests:** \_\_\_\_\_  
\_\_\_\_\_

**Age Group of Participants:** \_\_\_\_\_

**Fee Charged from each Participant:** \_\_\_\_\_

**Expected Number of Attendees:** \_\_\_\_\_

**Timings:** Days \_\_\_\_\_ Time of Day \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ 2008

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_