

EVALUATION FORM FOR ACTIVITIES AT GARDENS BY THE BAY*

Name of Applicant / Organisation:	
Address of Applicant / Organisation:	
Date(s) of Activity:	
Time/Duration:	
Preferred Location:	
No. of Participants:	

General Description	Yes	No	Remarks
A. Activity Description			
1. Description of activity			
2. Is the activity taking place in more than one part of the Gardens? If yes, please provide details.			
3. Any wet-weather plans? If yes, please provide details. E.g. location, any changes to activities etc.			
4. Is the number of participants confirmed?			
a. If no, is there is a cap on the number of participants?			
5. Will the participants be split into smaller groups? If yes, please provide details on the group size.			
6. Will any running be involved?			
7. Will set ups of any sort be required?			

B. Logistics

1. Please list all props/equipment/materials etc. that you are intending to use for the activity.

C. Contact Person During Activity

1. Name	
2. Organization	
3. Contact Number	
4. Email Address	

Other Comments:

* Kindly note that evaluation and processing of your request will take 2 weeks upon form submission.

Submitted by : _____ Date : _____

Designation : _____