

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
	103	140	Nema K3
A. Activity Description			
1. Description of activity			
		T	T
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 et	C.		
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 pr	ops/equipment/materials et	c. that you are intending to use for the activity.	
C. Contact Person	During Activity		
	During Activity		
1. Name			
2. Organization			
3. Contact Number	er		
4. Email Address			
Other Comments	•		
* Kindly note that	t evaluation and processing o	of your request will take 2 weeks upon form submission	•
Submitted by	:	Date :	
, Designation	:		