

EVENT PLANNING: ESTIMATES AND APPROVALS FORM

Note: Events and activities are organised **on behalf of, and in the name of, CSSC London**, therefore estimated costs and entry fees must be assessed, and agreed with the BDE, before the event is publicised.

Please send this form to the BDE early in your planning, to agree entry fees, and start arranging publicity, before you confirm your booking of facilities.

Name/type of event/activity Date and time of event/activity Venue Organiser's: Name Phone No. email Address	
CSSC Membership No.	

Estimated number of competitors		Suggested entry fee	
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	£
Hire of facilities/venue	
Hire/purchase of equipment	
Officials' expenses	
Catering	
First Aid	
Organiser's expenses (give details below)	
Prizes	
Printing, copying, postage	
Other (give details below)	
TOTAL	£

Comments (use this space to describe or summarise your event, if necessary)

Signed (Organiser)		Date	
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EVENT PLANNING: RISK ASSESSMENT

EVENT/ACTIVITY		VENUE		DATE			
Hazards Identified	Persons at Risk	Level of Risk	Control measures already in place	Are these adequate	What further action in necessary to control the risk	Time scale	Completed YES/NO
Identify which parts of the activity are hazardous?	Members, participants, spectators etc etc	high, medium or low risk ?	What controls are already in place to minimise risk		What will need to be put in place to ensure that this hazard and risk does not result in accident and injury?	This should relate to the event date	

**Please sent a copy of this form to your BDE together with your estimate & approvals form
The assessment should be kept under review, before, and at the start of, the event.**

Signed (event organiser)

PRIZE REQUEST FORM

Note: this request for prizes should be in line with the previously-agreed estimates for the event/activity. Trophies will normally be supplied via CSSC's centrally managed contracts. Contact the BDE for details of the range of prizes available.

Name of Event/activity		Date	
Name of Organiser		Tel No:	

The form should be sent to the BDE at least 30 days before the event/activity. Please complete below the prizes required, engraving (if necessary) and the delivery address

CSSC London
 1 Chadwick Street
 Westminster
 London
 SW1P 2EP
 Tel: 020 7976 7649

PURCHASE ORDER

Invoice To:
 CSSC London
 1 Chadwick Street
 London
 SW1P 2EP

Deliver To:

PRIZE DESCRIPTION	NUMBER	ENGRAVING (IF REQUIRED)	UNIT PRICE	TOTAL
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			SUBTOTAL	£
			VAT	£
			POSTAGE & PACKING	£
			TOTAL	£

SAFE KEEPING OF PERPETUAL TROPHY

This form should be completed by the winner and sent to the BDE after the event

Name of event/activity	
Name of trophy	
Winner's name	
Department	
Home/office address	
Tel no: home / office / mobile	
email	

DECLARATION

I acknowledge receipt of the above trophy.

I agree to keep it safe, in good condition and insured, and to return it to the organiser or the BDE when requested to do so.

Winners Signature		Date	
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Witness Signature	
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**POST EVENT:
ORGANISER'S EXPENSES CLAIM FORM**

Name of event/activity	
Date of event/activity	
Organiser's: Name	
Phone no.	
email	
Address	
CSSC Membership No.	

Item	Notes (if necessary)	Amount
Travelling **		£
Postage		£
Telephone		£
Other (give details below):		
		£
Total		£
Less advance		£
Balance due		£

** Cars 20p a mile. 5p a mile for participating passengers up to a maximum of £15.
Public transport – cheapest standard return fare available

I wish to claim for the above expenses **and enclose receipts** (where appropriate).

Signed		Date	
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This form should be sent to the BDE together with the Income & Expenses Form as soon as possible after the event/activity.

For accounts use only	
Net amount	£
VAT: PR / FR / NR / E	£
Gross amount	£
Cheque number	
Nominal ledger code	

**POST EVENT:
STATEMENT OF INCOME & EXPENDITURE**

Name of Event/activity Name of Organiser		Date held	
		Tel No:	

EXPENDITURE		INCOME	
Hire of facilities	£	Entry fees:	
Hire/purchase of equipment	£	entrants/teams @ £	£
Organiser's expenses	£	entrants/teams @ £	£
Officials' expenses	£	Sponsorship	£
Catering	£	Grant	£
First Aid	£	Other (please specify):	
Other (please specify)			£
	£		£
	£		£
TOTAL	£	TOTAL	£

This is a true statement of the income and expenses for this event/activity.

Signed		Date	
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This statement should be sent to the BDE together with the organiser's expenses claim as soon as possible after the event/activity

For accounts use only	
Net amount	£
VAT: PR / FR / NR / E	£
Gross amount	£
Cheque number	
Nominal ledger code	

POST EVENT: CSSC LONDON EVENT/ACTIVITY RESULTS

EVENT/ACTIVITY*		VENUE	
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*(Please state clearly the exact title of the event/activity, ie fly fishing, six-a-side cricket, crown green bowls etc)

DATE		ENTRY FEE LEVIED		FINANCIAL SUPPORT**		QUALIFIER FOR CSSC NATIONAL FINAL	<input type="checkbox"/> (Y)	<input type="checkbox"/> (N)
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** (Please specify level of subsidy provided or financial sponsorship obtained)

TOTAL LEVEL OF PARTICIPATION

(Please specify total number of teams and or individuals. For team event/activities please state number in a team. If a preliminary event/activity was also held, please detail if possible the numbers involved in the total figures.) Where there is more than one category or class in an event/activity, ie scratch or handicap, please clarify number of entries in each category.

PRELIMINARIES

Total Participants / Teams

FINALS

Total Participants / Teams

CSSC MEMBERSHIP

Please state if known the number of new members generated by entries to the event/activity	<input type="text"/>
Membership check undertaken <input type="checkbox"/> (Yes) <input type="checkbox"/> (No) If No why not possible	<input type="text"/>
Please state number of new members obtained by a membership check	<input type="text"/>

RESULT: (On the next page, please state below the winners and runners up in each category of the event/activity. For individual event/activities, please state competitor's name and department. A tick should be placed in the column 'Regional Qualifier' if the winner will be going forward to a National Final.)

EVENT/ACTIVITY FORMAT Please specify format, ie whether handicap, scratch, best of three sets, round robin, knockout etc.

Individual prizes presented	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	PRESENTATION MADE BY	<input type="text"/>
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Please state status or official capacity of individual, ie CSSC London Board Member or DSS Area Manager




GENERAL COMMENTS (if any – please continue on a separate sheet if necessary)

CSSC London is keen to evaluate its events. We would be grateful if you would complete this questionnaire and return it to the event organiser, or to the CSSC London office us by one of the following routes: (e-mail) events@cssc-london.co.uk; (fax) 020 7976 7649; (post) CSSC London, 1 Chadwick Street, London SW1P 2EP







Name:	
Contact details:	e-mail (our favourite)
	phone (if you wish)
	address (if you wish)
Event:	
Date:	

Is this your first CSSC event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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How did you hear about the event?	Leisure Scene	<input type="checkbox"/>
	Office/club newsletter/bulletin	<input type="checkbox"/>
	Friends/colleagues	<input type="checkbox"/>
	email circulation	<input type="checkbox"/>
	Posters on office noticeboards	<input type="checkbox"/>
	Posters in fitness centres	<input type="checkbox"/>
	CSSC London website	<input type="checkbox"/>
Other (please specify)		

How did you rate the service you received from the organiser before the event?	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Did you specifically attend this event because it led to a National Final, and/or was part of the CSSC London Barbados Challenge? (If appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did you like the format of the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Comments on event format	
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What did you think of the organisation on the day?	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Were there sufficient catering arrangements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was the level of competition appropriate to your standard?	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
	Too hard	Just right	Too easy

If too difficult/easy, would you have preferred beginners and/or veterans' categories?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Would you come to this event again?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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What other CSSC activities would you be interested in?	
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Feel free to add any additional comments below or over the page...