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SVN1

School Visit Note

School Name :	
School Address:	
Principal name :	
Contact person :	
Phone numbers:	
School Email :	
Students (Aprox)	
School Interest level in Show (0 to 10)	

Form Prepared By :

Date:

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PCN2

Programme Confirmation Note

School Name :

Program Date: From To

Program Time : From To

School Address:

Nearby Landmark :

Principal name :

Contact person :

Phone numbers:

Email :

Students expected :

Place where show will be conducted :

Size of Hall : (In feet, LengthxWidth)

Height of Hall (in feet)

Do school have Power backup : Yes/No

Form Prepared By :

Confirmed By School : Person Name

Date:

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BPN3

7 days Before the Program Note

School Name :	
Program Date: From To	
Program Time : From To	
School Address:	
Have you given Time table form to shool and requested them to hand over back to you after completing?	
No of Banners Placed in School	
No of Knowledge Cards Distributed	
No of flyers Distributed	
Phone numbers:	
Students expected :	
Place where show will be conducted :	
Size of Hall in Feet	
Height of Hall in Feet	
Do school have Power backup : Yes/No	

Form Prepared By :

Date:

Confirmed By School : Person Name

Signature

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DPN4

During Program Note

School Name :	
Program Date: From To	
Program Time : From To	
School Address:	
Have you obtained time table of programme schedule from the school?	
Have You all wore company embedded Logo T-shirt?	
Have you put dome cover?	
Have you used UPS Power back up through out the show?	
No of Banners Placed in School	
No of Knowledge Cards Distributed	
Name of teacher Incharge and his/her contact number	
Students expected :	

Form Prepared By :

Date:

Confirmed By School : Person Name

Signature

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PPN5

Post Program Note

Head	Remark
School Name :	
Program Date: From To	
Program Time : From To	
No of Students saw the Program	
Did students like the Program (rate form 0 to 10)	
Did teachers like the Program (rate form 0 to 10)	
Have you obtained appreciation letter :	
How many souveniers you gave to Principal and person-in-charge :	
Have you taken reference from prinicpal and teachers for more schools . Please mention the names.	
Have you faced any problem during the program. Explain breifly	

Form Prepared By :

Date:

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DDT6

Daily Time Table

No of Students per show : 35-45 Show Duration 25minutes

School Name :

Program Date :

Time Schedule	Class	No of Students	Teacher Signature
7:00 AM			
7:30 AM			
8:00 AM			
8:30 AM			
9:00 AM			
9:30 AM			
10:00 AM			
10:30 AM			
11:00 AM			
11:30 AM			
12:00 PM			
12:30 PM			
1:00 PM			
1:30 PM			
2:00 PM			
2:30 PM			
3:00 PM			
3:30 PM			
4:00 PM			
4:30 PM			
5:00 PM			
5:30 PM			
6:00 PM			

Form Prepared By : School teacher/person Sign