

ACCOMMODATION & TRANSPORT PLAN PROFORMA

NAME OF THE SCHOOL	
ADDRESS	
PHONE NO.	
E.MAIL ID	
TEACHER INCHARGE & PHONE NO.	
PRINCIPAL & PHONE NO.	

Arrival Information

Arrival Date : _____
Arrival Time : _____
Mode of Conveyance : _____

Is our school transport required : Yes/No (From Bus Stand)

Departure Information

Departure Date : _____
Departure Time : _____
Mode of Conveyance : _____

Total No. of team members

No. of Participants (Boys/Girls) : _____
No. of Male Staff : _____
No. of Female Staff : _____
Mobile No. : _____

Accommodation & Meal Required

Date: 30.09.2017 (Evening) : _____
01.10.2017(Morning-Eve.) : _____
02.10.2017(Morning-Eve.) : _____
03.10.2017(Morning-Eve.) : _____

