



# **CLUB MYKONOS LANGEBAAN HOME OWNERS ASSOCIATION**

**EVENT PROPOSAL PACK**

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# EVENT PROPOSAL PACK

This document must be completed and submitted at least 45 days prior to the requested event date.

Please note that completion of this document does not reserve, confirm or guarantee the proposed event. This document is used to gather information regarding your event to assist Club Mykonos Langebaan in determining if your event meets the requirements of the resort. You will then be notified by the appropriate scheduling authority that your event has been approved and you are clear to finalise the scheduling process. Only upon final approval will you be issued a confirmation/permit to hold your event.

## SECTION A

### Details Of Organiser

(Person must be 18 years or older and in attendance throughout the event)

Name Of Contact Person

Company Name

Office Telephone Number

Cellphone Number

Fax Number

E-mail Address

## SECTION B

### Details Of Event

Name Of Event

Date/s Of Event

Daily Start Time

Daily End Time

Set Up Date

Proposed Location

Expected Pax

Contact Number For Public

Event Website

Please provide a description of the proposed event:

Please detail all planned marketing avenues e.g social media, printed media, flyers, posters, radio, TV ect:

Please list all points where tickets/entry forms will be available:

From which date will tickets/entry forms be available:

Please indicate ticket pricing/entry fee:

Event Program:

Blank lined area for writing the event program.

# SECTION C

## Event Services/Support

### 1. Fencing

Will the proposed location be fenced off for controlled access?  Yes  No

If you answered yes to the above will you be making use of our materials and maintenance staff?  Yes  No

If you are making use of our maintenance staff and materials please specify measurements, quantities, set up times and removal times:

(Please note that a charge will be levied for this service for which pre-payment will be required)

If you are making use of an external contractor please complete the following section:

Company Name

Name Of Contact Person

Contact Number

Set Up Date

Set Up Time

Removal Date

Removal Time

Please detail your access control plan:

NOTE: Under the Annexure section of this document you will be required to provide a site plan of the proposed location. Your fencing area must be clearly marked on this plan, as well as your access control points.

## 2. Security

Will security be required?  Yes  No

If you answered yes to the above will you be making use of our security staff?  Yes  No

If you are making use of our security staff please the dates, times, duties and locations:

(Please note that a charge will be levied for this service for which pre-payment will be required)

If you are making use of an external contractor please complete the following section:

Company Name

Name Of Contact Person

Contact Number

Locations

Duties

(Please note that external security companies must be registered with PSIRA and will be required to provide proof thereof)

**NOTE:** Under the Annexure section of this document you will be required to provide a site plan of the proposed location. The location of security staff must be clearly marked on this plan.

### 3. Parking

Contractors, VIP's, staff, public and participants will require demarcated parking areas. Please detail below where these separate areas will be located, when then will be sectioned off, when they will be opened for public access and how these various groups will be identified.

Will you require Club Mykonos staff to control these parking areas?  Yes  No  
(Please note that a charge will be levied for this service for which pre-payment will be required)

Area with 25 horizontal blue bars for detailing parking areas.

NOTE: Under the Annexure section of this document you will be required to provide a site plan of the proposed location. The location of each parking area must be clearly marked on this plan.



#### 4. Ablution Facilities

Will you be providing temporary ablution facilities?  Yes  No

If you answered no to the above please specify which on site facilities you will be making use of?

Will you require cleaning staff to be provided by Club Mykonos?  Yes  No  
(Please note that a charge will be levied for this service for which pre-payment will be required)

If you are providing temporary ablution facilities please complete the following section?

Company Name

Name Of Contact Person

Contact Number

Set Up Date

Set Up Time

Removal Date

Removal Time

NOTE: Under the Annexure section of this document you will be required to provide a site plan of the proposed location. The location of ablution facilities must be clearly marked on this plan.

## 5. Temporary And Permanent Structures

Will you be constructing any temporary structures?  Yes  No

If yes please specify the type of structure/s, the size/s and the location/s:

Will you require assistance from Club Mykonos?  Yes  No  
(Please note that a charge will be levied for this service for which pre-payment will be required)

If you are erecting temporary structures please complete the following section?

Company Name

Name Of Contact Person

Contact Number

Set Up Date

Set Up Time

Removal Date

Removal Time

NOTE: Under the Annexure section of this document you will be required to provide a site plan of the proposed location. The location of all temporary structures must be clearly marked on this plan.

NOTE: The organiser will be held liable for any costs relating to damage that may be caused to the property and/or existing structures during the setup, actual event and removal periods.

NOTE: Engineer's certificates for each structure must be attached to this document in the Annexure section. These certificates will be submitted after approval for the event has been granted and the structures erected. Club Mykonos Langebaan reserves the right to cancel the event should the certificates not be received by commencement of said event.

## 6. Seating Requirements

Will you require seating for the proposed event?  Yes  No

If yes please specify the item (e.g table and chairs), amounts, delivery times, collection times and location of seating:

Will you require the seating to be provided by Club Mykonos?  Yes  No  
(Please note that a charge will be levied for this service for which pre-payment will be required)

If seating is being provided by an external contractor please complete the following section:

Company Name

Name Of Contact Person

Contact Number

Set Up Date

Set Up Time

Removal Date

Removal Time

**NOTE:** Under the Annexure section of this document you will be required to provide a site plan of the proposed location. The location of the seating must be clearly marked on this plan.

## 7. Stage Requirements

Will you require a stage for the proposed event?  Yes  No

If yes please specify the specifications of the stage:

Will you require the stage to be provided by Club Mykonos?  Yes  No  
(Please note that a charge will be levied for this service for which pre-payment will be required)

If the stage is being provided by an external contractor please complete the following section:

Company Name

Name Of Contact Person

Contact Number

Set Up Date

Set Up Time

Removal Date

Removal Time

**NOTE:** Under the Annexure section of this document you will be required to provide a site plan of the proposed location. The location of the stage must be clearly marked on this plan.

## 8. Sound Requirements

Will you require sound equipment for the proposed event?  Yes  No

If yes please specify the proposed layout:

Please complete the following section for the external contractor's information:

Company Name

Name Of Contact Person

Contact Number

Set Up Date

Set Up Time

Removal Date

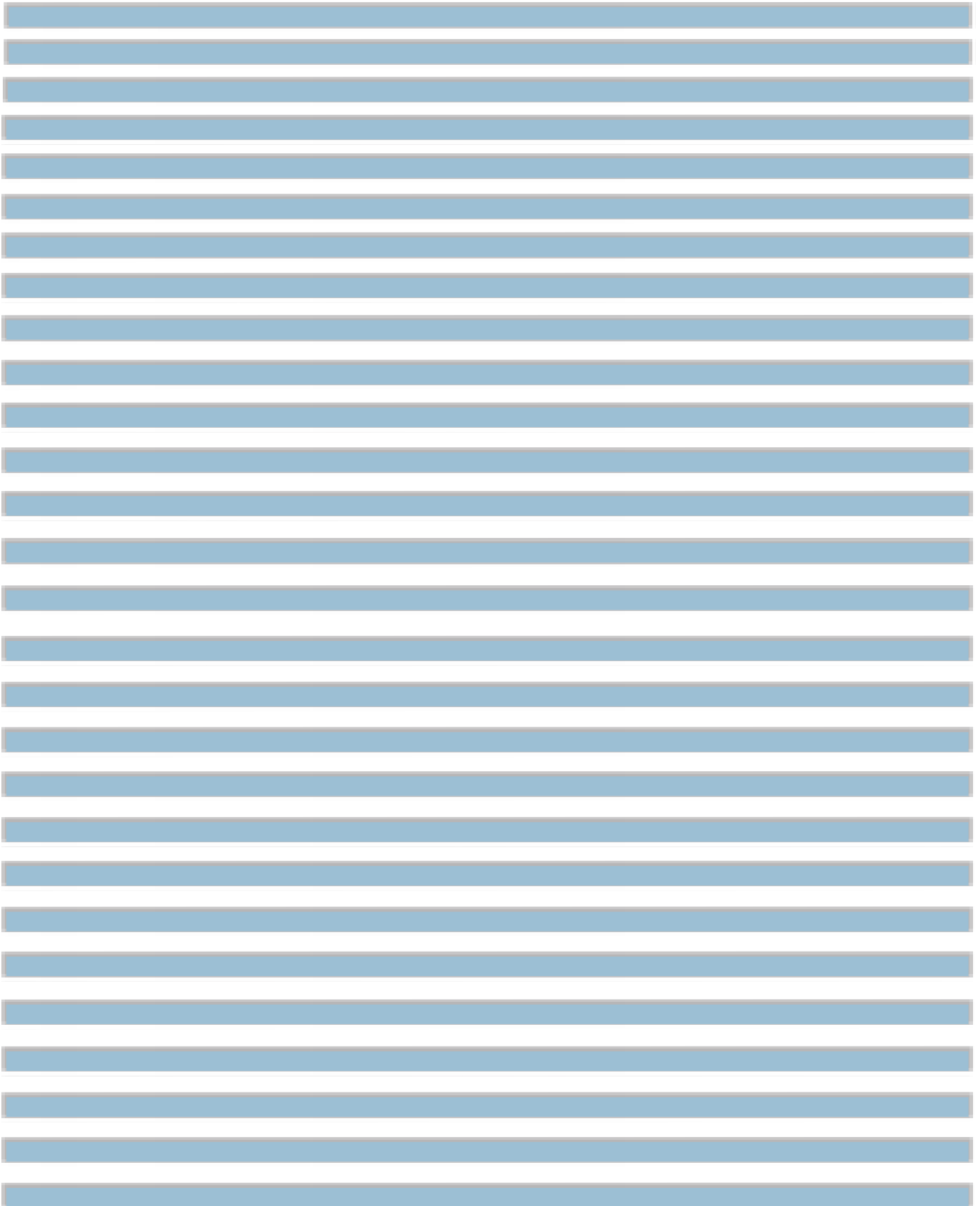
Removal Time





## 11. Additional Labour Or Technical Requirements

Please specify any additional labour or technical requirements that you may need during the course of the event:

A series of 25 horizontal blue bars, each with a thin grey border, stacked vertically to provide a space for text entry. The bars are uniform in height and width, spanning most of the page's width.

(Please note that a charge will be levied for this service for which pre-payment will be required)



## SECTION D

### Catering & Liquor

Will catering be used for the event?  Yes  No

If yes please provide the name of the caterer:

Please detail what is required of the caterer with regard to serving times, meals, costs ect:

Will alcohol be served at the event?  Yes  No

If yes please specify which company will be providing the alcohol, what promotions will be run, happy hours, ect:

NOTE: Should an external contractor be used for the provision or sale of alcohol at this event than the applicable liquor license must be attached to this document in the annexure section.

# SECTION E

## Public Safety

### 1. Traffic Department

Will you be requiring the assistance of the local traffic department?  Yes  No

If yes please detail what is required of the department, including times, dates, locations and man power:

Blank area for detailing requirements, including times, dates, locations and man power.

NOTE: A letter of confirmation from the Traffic Department must be attached to this document in the annexure section.



### 3. NSRI Assistance

Will there be a NSRI team available?  Yes  No

If yes please detail what is required of the NSRI, including times, dates, locations and man power:

[Redacted content]

NOTE: A letter of confirmation from the NSRI must be attached to this document in the annexure section.