



THE SPORTS AUTHORITY OF GOA

Dr. Shyama Prasad Mukherjee Stadium,
Goa University Complex, Taleigao, Goa – 403 206

FORM – A : Event Related Information

Event Name	
Name of the Company	
Office/Organisation Address	
Purpose	
Whether a registered company, if so kindly attach proof	
GSTIN	
Name and Number of the Event Co-ordinator/ Event in-charge	
Expected crowd	
Event Day/s & Timing	,(_ _ _) to (_ _ _ _)
	,(_ _ _) to (_ _ _ _)
	,(_ _ _) to (_ _ _ _)
Setup Days & Timing	,(_ _ _) to (_ _ _ _)
	,(_ _ _) to (_ _ _ _)
Dismantle Days & Timing	,(_ _ _) to (_ _ _ _)
	,(_ _ _) to (_ _ _ _)
List of Material to be brought	
Area to be utilized	Main Area
	Spectator Seating
	Front Lobby
	Side Lobby 1 (Entrance No.2)
	Side Lobby 2 (Entrance No. 4)
	Outer Tarred Area

Name:-

Signature:-