

APPLICATION FOR CULTURAL PERFORMANCE EXPOSURE FUND (CPEF)

SUBMIT THE COMPLETED FORM AND EMAIL TO MOE\_TLLPC\_Secretariat@moe.gov.sg at **least 1 month** before the date of the performance/event.

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| --- |
| Details of Applicant |
| Name of Applicant :  |  |
| Name of School : |  |
| Address : |  |
| Contact No of Applicant: |  |
| Details of cultural performance |
| Title of Programme: |  |
| Brief Description of Programme: |  |
| Name of Organiser/Performing Arts Group: |  |
| Contact No of Organiser:  |  |
| Date of Performance: |  |
| Venue: |  |
| Ticket Price(per students):  |  |
| Ticket Price(per teacher): |  |
| No. of students and teachers attending: |  \_\_\_\_\_\_\_\_\_\_\_ students + \_\_\_\_\_\_\_\_\_\_\_\_\_ teacher(s) |
| Total amount to be paid to Organiser/Performing Arts Group: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For Official Use Only:**

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| Date received by TLLPC Secretariat:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Checked by (name): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Signature/Date: |

|  |
| --- |
| **Status of Approval:** |
| Approved Not Approved [please tick appropriate box]Approved by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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*(Once TLLPC Secretariat gives approval, please fill up the attendance list in ANNEX A and email to* MOE\_TLLPC\_Secretariat@moe.gov.sg *within 2 weeks after the performance)*



ANNEX A

ACTUAL ATTENDANCE LIST

Title of Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| No | Name of students (As in BC) | Signature | Remarks |
| 1 |  |  |  |
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| 5 |  |  |  |
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| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| No | Name of teacher(s) (As in NRIC) | Signature | Remarks |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Teacher IC)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_