



Event Waste Management and Minimisation Plan

Organiser Name: _____

Alternative Contact: _____

Organisation: _____

Postal Address: _____

Phone (day): _____ Email: _____

Contact on the Day: _____ Mobile: _____

Type of Event: _____

Location: _____

Dates of Event: _____

Start Time: _____ Finish Time: _____

Estimated number of participants: _____

Estimated number of spectators: _____

Will fees be charged for this event? Yes No

What is the purpose for your event?

DESCRIPTION OF ACTIVITIES: Please attach a copy of your event programme, if applicable.
If your event is part of a series please list other event dates and venues.

"Free Advice on how to minimise waste and promote recycling at your event is available through the Far North District Council funded Eco Solutions, phone: 09 438 8710, www.ecosolutions.org.nz".

PREPARED BY (*licensed waste collectors name*) _____

WASTE COLLECTOR'S LICENCE NUMBER: _____

Estimate of the types and amounts of waste to be generated by the event: _____

How is the waste generated by the event is to be minimised: _____

The steps that will be taken to maximise the collection and use of recyclables and re-usable material: _____

The equipment to be provided for the storage, collection and transportation of waste and diverted material: _____

Post Event Waste Analysis

(*Volumes to be completed and signed off by **Waste Collector** after the event*)

Rubbish

Paper

Glass

Cardboard

Plastic

Organics

Notes/Comments

I certify that the volumes of materials listed above are correct and that the recyclables listed were recycled.

Name: _____

Signature: _____ Date: _____



**Far North
District Council**

Te Kaunihera o Tai Tokerau Ki Te Raki

Event Support

Far North District Council wants to encourage recycling and is willing to support organisations that have made a real effort to minimise waste from their event by paying a portion of their event's recycling costs.

Amount you wish to apply for: \$ _____

Total waste cost: \$ _____

Total recycling cost: \$ _____

(Please attach invoice from Waste Company)

Bank details:

Name of bank: _____

Account Number: _____

Please attach bank deposit slip