



Workshops Work Summary Form

complete this form and return it within 30 days of your workshop

Section 1 – Grant Recipient Information

Name of Recipient Choir _____

Contact Person _____ Email _____

Section 2 – Workshop Overview

Workshop Date ____ / ____ / ____ Workshop Location _____
 DD MMM YY

Name of Clinician _____ Number of Workshop Participants _____

Brief Workshop Description _____

Section 3 – Workshop Financial Information

Revenue		Expenses	
Participant Fees	_____	Workshop Venue	_____
Contribution from Choir	_____	Clinician Fee	_____
Workshops Work Grant	_____	Other Expenses	_____
Other Income	_____		
Total Income	_____	Total Expense	_____

Along with this form, please submit two copies of the concert program in which the Alberta Choral Federation logo was displayed. Please mail information to:

Alberta Choral Federation
103-10612 124 Street
Edmonton, AB T5N 1S4

Should you have any questions about your Workshops Work Grant or the completion of this form, please contact the Alberta Choral Federation office at 780-488-7464 or info@albertachoralfederation.ca.