



# Individual Workshop Report

## Alberta Community Art Clubs Association

Society No. 500053301

Registered Charity No. 8984 20948 RR001

This form must be completed at the conclusion of any Alberta Community Art Clubs Association assisted workshop and submitted to the ACACA Treasurer within 30 days.

### Individual Workshop Report Form

name of host club \_\_\_\_\_

address \_\_\_\_\_

city / town \_\_\_\_\_

postal code \_\_\_\_\_

email \_\_\_\_\_

club contact \_\_\_\_\_

phone \_\_\_\_\_

date(s) of workshop \_\_\_\_\_

location (address) of workshop \_\_\_\_\_

rental fee (if applicable) \_\_\_\_\_

registration fee \_\_\_\_\_

instructor name \_\_\_\_\_

instructor mailing address \_\_\_\_\_

email \_\_\_\_\_

phone \_\_\_\_\_

hours of instruction \_\_\_\_\_

cost of instruction \_\_\_\_\_

class size (please provide the names and addresses of the workshop participants on a separate sheet of paper and mail with this form) \_\_\_\_\_

names of community clubs participating \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

evaluation of workshop and comments: (if necessary, include on a separate sheet of paper mailed with this form)

I declare the above to be a true report and furthermore that the grant money received from the Alberta Community Art Clubs Association will be used to pay for art instruction.

Person to whom grant is sent: \_\_\_\_\_

Witnesses:

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_