

SASKATCHEWAN SQUARE & ROUND DANCE FEDERATION INC.

Follow Up Report - Group

To be submitted to the Business Manager **30 days** after the event.

Zone # _____ Date _____ File _____

Name of organization: _____

Contact Person: _____ Email: _____

Address: _____ City/Town: _____

PC: _____ Telephone: _____

Signature _____

Type of Event: _____ Date of event _____

Impact: _____

EXPENSES:

Instructor fee \$ _____

Facility \$ _____

Promotion: \$ _____

Other(specify) _____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

INCOME:

Attendance _____

Attendance fee \$ _____

TOTAL INCOME: \$ _____

GRANT APPROVED: \$ _____

Please provide copies of all receipts for expenses and an attendance list.

Mail to:

Sheila Kerr, Business Manager,
6 Bryant Street, Regina, SK S4S 4S6
306-596-2410

Email: ssrdfbusmgr@gmail.com

PROUDLY SUPPORTED BY



OFFICE USE ONLY

Date Received _____

File # _____

Grant Payable _____

Cheque # _____

Approved by _____