



Selkirk Community Arts Centre

Program Report Form

(To be completed by User immediately after event)

[] Event [] Workshop

Name of Event/Workshop: _____

Description: _____

Date of Event/Workshop (day/month/year): _____

Name of individual/organization in charge of Event/Workshop: _____

Location of Event/Workshop: (e.g., Main Gallery, Sparks Space, parking lot, etc.)

Did this Event or Workshop take place as part of another event (e.g., festival, conference, etc.)? If so, describe briefly.

If this was an **Event**

B. Total hours of Event: _____ Number of participants: _____

*Total registration fees: \$ _____

Name of User: _____

If this was a **Workshop**

A. Total hours of Workshop: _____ Number of students: _____

Total student hours (total hours x number of students): _____

*Total Fee to Gallery: \$ _____

Name of Instructor: _____

I certify the above information is complete and accurate in all respects.

Name: _____ Date: _____

Signature: _____

*Non-members and outside organizations pay a \$50 User Fee upon signing.

*Members pay 15% of total course fee (not including supplies) after course completion.

All payments must be made payable to "Selkirk Community Arts Centre".