

Selkirk Community Arts Centre

Program Report Form

(to be completed by User immediately after event)

[] Event [] Workshop

Name of Event or Workshop _____

Description _____

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

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

Location of Event/Workshop (ie main gallery, Sparks Space, parking lot, etc.) _____

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

If this was a **Workshop** answer **A**

A. Duration (hours) of workshop _____ Number of students _____
Total student hours (duration x number of students) _____
Fee to gallery \$ _____
Name of Instructor _____

If this was an **Event** answer **B**

B. Total participants _____ Total registration fees \$ _____ Duration (hours) _____
Name of Facilitator/User _____

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

Name _____ Date _____

Signature _____