CHORAL FESTIVAL FUNDING

FOLLOW-UP REPORT FORM

The Final Report Form for festivals must be completed and submitted to the SCF office within 60 days of the end of the festival.

1. **Name of Hosting Organization** _____

2. **Contact Name (please print)** _____

Address _____

Phone number _____ **Fax** _____

Email _____

3. **Name of Festival** _____

4. **Location** _____

5. **Date(s)** _____

6. **Number of participants registered:** _____

7. **Please list the names of the choirs who participated with the number of singers per choir**

CHOIR NAME	SINGERS/CHOIR
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. **Number of Festival paid staff:** _____

9. **Number of Volunteers:** _____

10. **Number of Clinicians:** _____

11. **Communities represented by participants at the workshop:**

_____

_____

_____

_____

_____

12. **Participant assessment of the educational benefit of the festival** (or attach a summary of festival evaluations if available)**:**

_____

_____

_____

_____

_____

13. **Please indicate your plans for next year:**

_____

_____

_____

_____

_____

_____

_____

_____

14. Financial Summary

a. Revenue (actuals)

1. Reserve funds _____
2. Registrations _____
3. Sponsorships, grants & donations _____
4. Other (Specify……) _____

Total Revenue _____

b. Expenses (actuals)

1. Administration _____
2. Personnel _____
3. Facilities _____
4. Other (Specify……) _____

Total expenses _____

15. Please include the following items with your report:

a) Festival agenda and/or concert program(s)
b) Two copies (if providing originals) of promotional & advertising materials recognizing the partnership with the Saskatchewan Choral Federation, and funding from Sask Lotteries Trust Fund
c) Logo use guidelines and logos are available on the SCF website at www.saskchoral.ca)
d) Summary of festival evaluations (if available)

Please complete this form in its entirety and email to director@saskchoral.ca or mail to:
Saskatchewan Choral Federation, 212-1860 Lorne Street, Regina, SK S4P 2L7

Submitted by_____ **Date** _____