

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. Budgeted revenue

1. Reserve funds _____
 2. Registrations _____
 3. Sponsorships, grants & donations _____
 4. Other (Specify.....) _____
- Total Revenue** _____

b. Budgeted expenses

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) Five copies (originals preferred) of promotional & advertising materials recognizing the support of the Saskatchewan Choral Federation, the Saskatchewan Lotteries Trust Fund and SaskCulture (logos are available on the SCF website at www.saskchoral.ca)
- c) Summary of festival evaluations (if available)

**Please complete this form in its entirety and mail to:
Saskatchewan Choral Federation, 1415-B Albert Street, Regina, SK S4R 2R8**

Submitted by _____ **Date** _____