

Selkirk Community Arts Centre

Program Report Form

Please complete and submit this form immediately after the event/workshop. This information is very important in ensuring the Gallery operates effectively.

	<u>EVENT</u> () or	WORKSHOP ()
	ne activity: concert, lecture, aunch, private event, etc.	Class or series of classes: painting, drawing, pottery, etc.
Name of Event/Worksho	op	
Date(s):	Time(s):	
Person/organization in charge:		Gallery member? Yes or No
Location: () Main Galle	ry, () Clay Studio, () Parking lot,	() Other
FOR EVENTS		
No. of participants:	Cost to participants:	Total hours:
•	Members: lo charge if event/workshop is free or 15% of rever	
Name of User:	Phone no	:
Amount owing Gallery:	Members:	Total hours: Non-members
	if event is free or 20% of instructional fee ing cost of supplies)	\$50 or 20% or revenue whichever is greater. $_$
Name of teacher:	Phone	no:
Name:		Date:
Signature:		
*Make cheques payable to	• "Selkirk Community Arts Centre". Send	e-transfers to gwenfoxg@shaw.ca
Thank you for using th	ne Gwen Fox Gallery. Do you have	any comments or suggestion?